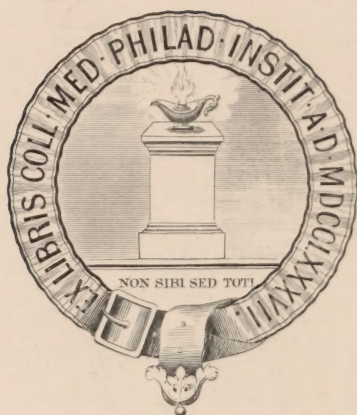
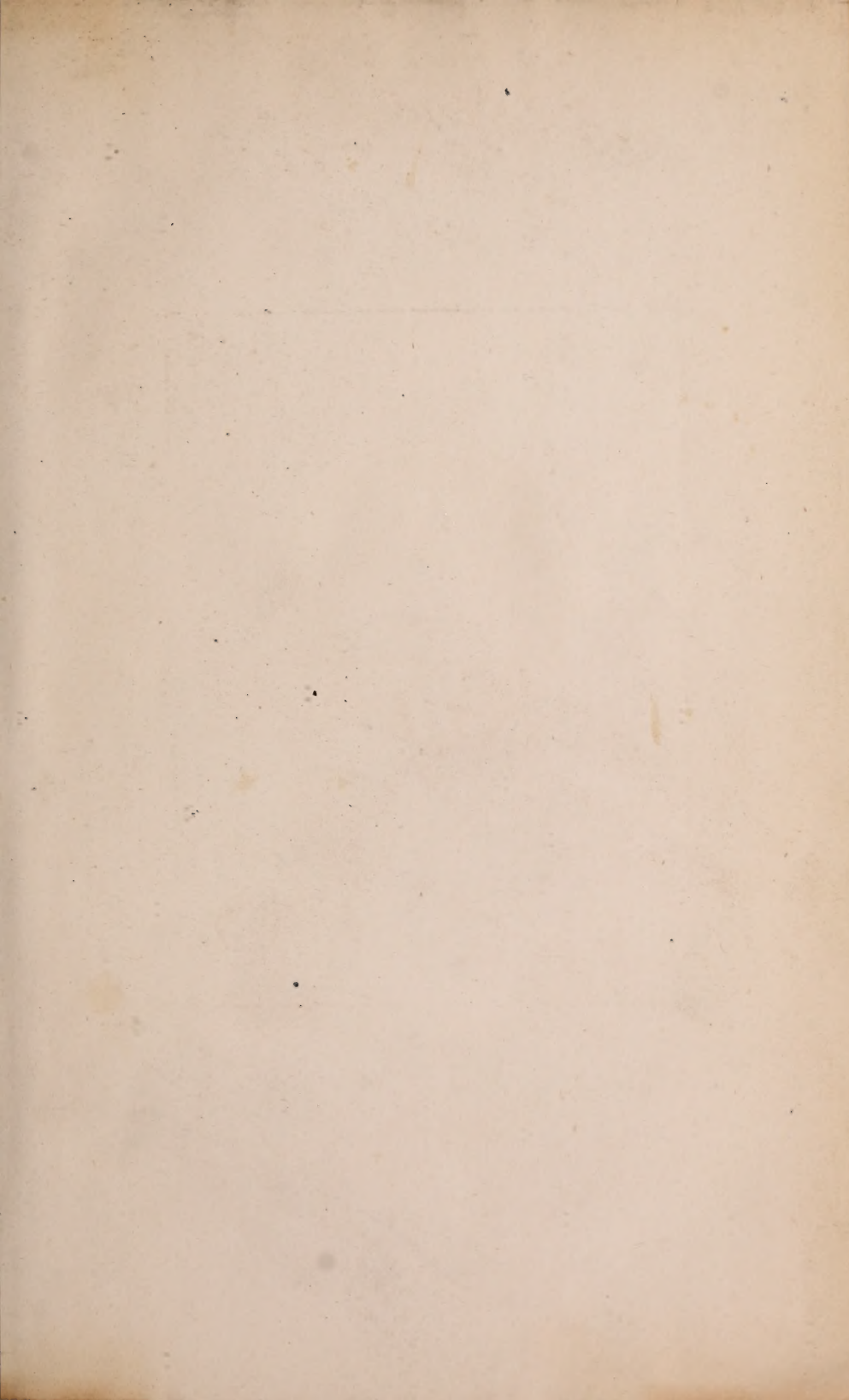



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THE CINCINNATI



LANCET AND OBSERVER.

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Original Communications.

ART. I.—*The Protiodide of Mercury.*

[An Essay prepared for a Medical Society in the interior of this State, but not read for lack of quorum.]

By M. ROONEY, A. M., M. D., Vienna X Roads, Ohio.

MR. PRESIDENT AND GENTLEMEN:—At your last assembly I had the honor to be appointed as one of the essayists for this meeting. In order to treat that appointment with due respect, I have made an effort to answer your summons promptly, though I can not expect either to entertain or instruct you.

It is not necessary for me to make excuses for the defects and errors of this essay. You all know how much study and experiment, and practical experience, are required, that one may present any medical thought or idea that will attract you for a moment, or afford you even the shadow of a new principle in medicine. It remains for those whose hairs have grown gray in noble service to instruct and guide; and it is not the part of us, who have not yet reached the first mile stone on a journey whose termination has never yet been reached, though the most rapid advance has been made for many long years, directed by men of the most wonderful intellect. Such being the case, you can expect but little from one who has taken only his first step toward the grand old Temple of Medicine. Resting for a while on my

pilgrimage toward the Temple of Mysteries, I shall undertake the task imposed upon me, and say a few words concerning the Protiodide of Mercury.

I have chosen this article, or medicine, as the subject of an essay, because, in my experience, it has not deceived me. It has answered my highest expectations in one of the most disgusting, terrible and fatal diseases when unopposed by art; when permitted to write its own history upon a monument infinitely more beautiful than any ever conceived by the human mind; but most fortunate for the subject of the history. When the last act is chiseled upon what was once so beautiful a creation, it, now unseemly to the eye, totters earthward and sinks into its hiding place, and ceases to be

"Monumentum perennius Aere,"

save in the records of the observing physician.

History.—I am unable to give you the history of the protiodide. No materia medica within my reach, at least that I have read, says by whom the article was first formed, at what time, and in what country. I believe it does not exist in nature. Chlorine, an element of this compound, was not discovered till 1812, A. D., and consequently the protiodide must have had its origin either in 1812, or in some subsequent year. In all probability it has had an existence of half a century.

Chemical History.—This remedy was formerly known under the name of the Subiodide, being represented by the symbols Hg_2I . Modern chemists give HgI as its symbols. This seeming difference vanishes when we remember that the combining number, or equivalent of mercury was, a few years ago, and is even now by some said to be 101.43, while the greater number of modern chemists give 202 as its equivalent.

Therapeutical Action.—I shall confine my remarks respecting its application to the cure of diseases to constitutional syphilis.

No author that I have read gives the mode of action of the protiodide of mercury upon the system affected with syphilis. It is claimed for it that it stimulates the glandular system; that it arouses the organs of secretion and excretion, thus helping to continue existence, and removing from the system effete matter, inimical, if not fatal, to the functions of life. Authors give the remedy the credit of an alterative power, but this gives us no new light.

As long as the essential elements of a disease remain unknown, so long will the action of a medicine, either eradicating or tending to eradicate that disease, remain unknown, at least as to its peculiar action against the unknown principle in that disease. This, it seems to me, will not bear contradiction.

No author that I have consulted upon the syphilitic disease, gives the essential element of syphilis. Liebig, some years ago, claimed that the disease had for its cause an organized being. This was his nearest approach to the cause. According to my knowledge he did not discover and describe the organized being which he asserted was the "fons et origo" of syphilis.

To complete that which the world-renowned chemist began, was left to the eminent Prof. Salisbury of our own State.

The professor, by long and patient labor extending through several years, says that he has found in hundreds of cases affected with syphilis, a parasite before unknown to the world. To this parasite the professor assigns a place in the vegetable kingdom; says it is an algoid, and of the family cryptogamia. It is, we suppose, one of the thallogens. It has not been demonstrated that the cryptasyphilitica is an essential of the disease in question, nor do I intend to advance arguments in support of such proof. The question is yet "sub-judice," and the very existence of the cryptasyphilitica is denied. I am inclined to believe Salisbury's theory, or rather, demonstration, for if reliance can be placed upon his microscopic examination, his researches have fixed a fact in pathology. Hence, I shall take for granted that the parasite mentioned is an essential element of the syphilitic disease. This being understood it is not a matter of much difficulty to see that the protiodide can act in two modes in its cure of syphilis.

First Mode.—It is a well known fact that iodine is destructive to microscopic life, whether animal or vegetable. Decomposition of the preparations of mercury, takes place with facility in the human system. Mercury uncombined has been found in the saliva. Mons. Audouard has found it in the urine of persons who had taken corrosive sublimate. It has been detected in the solids and fluids of the body, including even the blood. Decomposition taking place when we exhibit the protiodide, we have the iodine liberated, which at once begins its warfare with the innumerable and wonderful crypta.

That their entire destruction is not immediate, is not to be wondered at, for their number is almost infinite. Those who are

expert with the microscope inform us that the number in one cubic inch of the vital fluid, exceeds the entire population of this vast globe. The rate may vary, depending upon certain conditions, but it has been estimated at eleven hundred millions to the cubic inch of blood.

Second Mode of Action.—That many of the various compounds of mercury are destructive to microscopic life, is too well established to be denied; nor is the destruction limited to zoonic life. The botonic also succumbs to the fatal action of mercury in many of its compounds.

All know how rapidly some of the mercurials destroy minute zoonic and phutonic life. Even the people make use of these remedies when they wish to relieve themselves of external parasites. With equal advantage may we exhibit them for the removal of internal enemies.

Some of the mercurials act so promptly in the extermination of minute organizations, that we can hardly look either for chemical reaction, or decomposition in those instances; and we may conclude that some of the compounds of mercury, *natura sua*, are antagonistic to microscopic life. We should suppose that the mercurials continue in the system sufficiently long to impart their peculiar effects before dissociation, to any great extent, takes place.

Haraday says that these preparations *begin* to give off metallic mercury in the form of vapor when raised to the temperature of 60°F. But decomposition at 60° is but little more than appreciable, and even when raised to blood heat is not very rapid, and, as examination of the excreta proves, not always complete. It would seem reasonable, therefore, to believe that the protiodide may effect the crypta in its compound state. I am satisfied that the protiodide of mercury acts in the two modes mentioned.

It may be suggested to the mind of some one present to ask, "How do you explain the action of the mild oxide of mercury with which some physicians cure their patients?" It can partly be explained upon one of the modes of action claimed for the mercurials in syphilis. As it is a mercurial, the vitality of the crypta is lowered by its presence, oxygen is liberated, and an *eremacausis*, or slow combustion takes place, and the crypta syphilitica are destroyed. The crypta are largely composed of fibrine, and when acted upon by oxygen, after their vitality is impaired, they

are decomposed, or, according to Liebig, fermentation is brought about, and their destruction follows.

According to this mode of action, we should believe that those remedies having a large proportion of oxygen, and an element specifically deleterious to microscopic life, would answer as well as anti-syphilitics. May not the chlorate of potash act in this manner? Eminent surgeons claim that it is sufficient for the cure of syphilis. As you are aware, the article contains, besides the potassium, six elements of oxygen, and one element of chlorine. The chlorine is very destructive to minute life.

But if oxygen is so injurious to the essence of syphilis, how does man become diseased with syphilis, or when diseased, why not made new again by respiration? In inspiration more oxygen is brought into contact with the blood, than can be by any ordinary process of medication. But we must remember that the vital resistance must first be lowered, then chemical action will assert the mastery. Hence arises the advantage of combining in our syphilitic remedies some element which tends to lower the healthy or physiological condition of the parasite.

If the theories advanced here be correct, we can not deny that there are many remedies that should be of much service in the disgusting disease mentioned so frequently in these pages; but, nevertheless, some of these will be superior to others, and some one superior to all the rest. Experience demonstrates, often contrary to theory, that some one remedy has been of greater advantage than all others. This can be claimed for the protiodide, according to my reading and slight experience. Many have been delighted with its effects.

I have already said too much upon this subject, yet much remains that I shall not touch. I shall report a few cases, and then conclude.

B. C——, male, aged 30, called at our office, wishing us to examine his "sore eye." Had been in the hands of some quacks, the last of whom said he had erysipelas. In his treatment received he got no benefit, but, on the contrary, the pain was becoming more severe and constant. Upon examination the epitrochlear glands, and the glands of the syphilitic territory, were found enlarged. There was much pain in the temporal and circumorbital regions, and the iris was not normal in color. Specific iritis was judged to be the disease affecting the patient. This opinion was not, for some time, admitted by the patient to be

correct, but finally he confessed that he had had chancre some three years previously. The protiodide in conjunction with the sulphate of morphia made a cure in a few days.

H. C—, male, aged 23, had been affected for some time with secondary syphilis; primary sore about well. Began treatment with a botanic in a neighboring village. He had been on no constitutional treatment. His treatment consisted of epithems and lotions to the chancre.

When the patient called upon us he had syphilitic sore throat. He could kneel down only with excruciating pain; with intense pain he raised his hand to his mouth. During the night he was tormented with osteoscopic pains, and he was regally decked with an ornate wreath of Venus.

The treatment in this case continued for some months, but has been of eminent service to the patient, for he has been freed from every symptom of the disease.

The young man has been in most excellent health for nearly two years. In this case mercury was not the only remedy used. For the osteoscopic pains the iodide of potassium was given freely, and it acted very well.

In none of our cases have we had any salivation. In the case of a delicate young lady there was a sensation of soreness in the teeth; but there was no metallic taste in the mouth, nor did the breath have the peculiar fœtor of pytalism.

I am wearying your patience, and shall give but one more case.

N. F—, male, aged three weeks. When born seemed to be a plump, hearty child, except that the skin was rather tawny. When taken sick—then about three weeks old—the difficulty seemed to be confined to the air passages. A gentleman preceded me in the treatment of the child, and pronounced the disease a local one. In my first visits I saw no reason to dissent from the diagnosis made. Riding homeward, leisurely, one day, thinking about the case, I came to the conclusion that there were some grounds for believing that in this case there was a specific disease. I mentioned my suspicions to my respected associate, and he concurred with me.

Several days had elapsed before I was again sent for. In my next visit my former suspicions were now evident demonstrations. The child had failed rapidly; blood-tinged pus oozed from the nostrils. An injection sent into one nostril, would emerge

from the other. There was a constant hemorrhage from the labia oris, and from the anal region. In respiration there was a peculiar clucking sound, especially in inspiration, making what is commonly called the "snuffles." Between the fingers, and between the toes there was ulceration. Upon the left cheek there was an ellipsoid depression, the greater diameter being about twelve lines, the less about nine lines. There was another such depression upon the ———. The sub-conjunctival tissue was as deeply dyed as gold.

The infant seemed sinking rapidly; there seemed but little hope for the child. The parents and friends were satisfied that death would soon put an end to the little sufferer's agony. Being firmly persuaded that the disease was specific, I most confidently predicted that the child would recover. This prognosis seemed like rashness; but I knew the friend upon whom I had to depend. I gave the strongest assurance of success, with a confidence that showed my great faith in the ability of the protiodide to shield this innocent, but unfortunate, victim from the unerring arrows of death; nor was I deceived.

Such has been my admiration of the remedy, that it has almost seemed worthy of apotheosis. What destruction it is capable of preventing. What misery it would have saved the inhabitants of the Pacific Islands. Syphilis was introduced into those islands, and it ceased not its ravages, till it had hugged in its filthy embrace nearly the entire population. Of two hundred thousand, but nine thousand miserable beings were left, and the battle was not yet ended. How thankful should we be to that merciful and beneficent Being that has given us so great a blessing in this remedy, when our sins deserve the terrible penalty due to our transgressions.

ART. II.—*Laryngoscopy and Rhinoscopy.*

By THOS. C. HENRY, M. D., Cincinnati.

The number and variety of diseases which are incident to the larynx and trachea, have been proved, since the discovery of laryngoscopy, to be greater than was formerly supposed. Inasmuch as some of the affections are located lower in the upper air-passages, than we were able to view, except only after decease; at the same time uneasiness and soreness being manifested to the

living individual—inflammation and disorganization of tissue was going on, and would end after a period in self-recovery, or not at all, during life.

It is well known that not till the results of the labors of Dr. Horace Green, of New York, were made known, that the true nature of even as comparatively a trifling an affection as granular pharyngitis was clearly pointed out, nor actually attracted much attention, although such a disease was known. In fact, after this affection has gone on for years, its results are, or rather were, a score of years ago, unsuspected.

Prof. Green, considering the limited means of examination far down the larynx, made excellent use of the means at his command, and rendered his name quite famous in the medical world, both in England and on the Continent. His treatises exhibit a spirit of patient investigation, and imparted much light to our limited state of knowledge on this subject. Still they serve but as an introduction only, as it were, to the study of the more common throat affections. Prof. Green's treatise on Croup is especially to be recommended.

About the year 1858, may be said to be the period when the laryngoscope first was successfully employed in general practice. Garcia, a Spanish teacher in London, having succeeded in 1855, of demonstrating his own larynx. But no laryngoscope of suitable form was made for demonstrating the interior of the larynx of other persons till '58, when Czermak got hold of the idea, having borrowed throat mirrors of Dr. Ludwig Turck, of Vienna, and experimented on them. Czermak was also the first to suggest rhinoscopic practice, by having the throat mirrors used in laryngoscopy of inferior size, and introducing them in a different way. At once all Germany commenced making experiments on different forms of such instruments, and Tobold, of Berlin, may be said to have hit upon the best and most convenient form, which is now adopted.

Then commenced the study of diseases of the throat in good earnest, and within three years appeared several monographs upon that subject in Germany. Still later works of greater scope made their appearance in England and Germany, all, as a general thing, being prefaced by a description of the laryngoscope.

In England, James published a small work, I think the first in 1861, entitled "Sore Throat, its Nature, Varieties and Treatment, including the Laryngoscope as an aid to diagnosis." Wagner, of New York, first published in this country (New York) a treatise

on Laryngoscopy and Rhinoscopy in the German language, 1862. After James, in London, in '61, Morral MacKenzie brought out a work on "Diseases of the Throat by the aid of the Laryngoscope," in 1865, and was followed by others. Turek and Tobold, in 1866, published the larger and more elaborate works, the former being illustrated by an atlas of beautifully colored chromo-lithograph plates, and is, by all odds, the finest work on this subject to be found in any language. In '63 a work on the Laryngoscope appeared in Paris, by Czermak, written in French. This was the first on that subject known in France.

In this connection I need not state that it was, of course, hundreds of years ago that some forms of throat diseases were known to exist, more especially connected with forms of the exanthmata. Thus medical history states, that in 1337 a malignant sore throat prevailed in Holland. Hecker speaks of it as occurring in 1337, at the time when syphilis was supposed to have first attracted some notice. There must have been, also, more or less syphilitic sore throat about 1492.

At the present day we grope no longer in the dark. When we meet with a case of sore throat, we are not satisfied with purely subjective symptoms. We examine first, mirror in hand, and use the local treatment, indicated by the best late authorities. We do not merely sit down and write a prescription for a draught or some kind of potion, but we examine the location of it, and if at all dexterous, we succeed in finding it.

To Tobold and Turek, of Vienna, are we mainly indebted, not only for the best models of laryngoscopes, but for works describing and classifying throat diseases, both chronic and acute.

It was certainly not till late in '58, the chair of Laryngoscopy was created in the Vienna hospitals. From that time in all eruptive, and in some continued fevers of low grade, in which the throat is affected, inspections are made by the new method. Years ago Louis in France alluded to diseased cartilages in low and long lasting fevers found after death, more especially ulcerations. In Northern Germany it is well known that ulceration is part of the diseased process in typhoid fever. Plates No. 7 and 8 illustrate this, of Turek's work, illustrating ulceration of the arytenoid cartilages.

The larynx in its various parts and textures is subject to every grade of inflammation, thus following natural laws, both in progress and result. Inflammation of the mucous and sub-mucous

tissues, abscesses, tumors, hard and soft, infiltrations, neuralgic and paralytic, affections with thickening and occasional closure of opposite sides, are now well known to exist, even to the extent of inducing gangrene of arytenoid cartilages of the trachea—according to Prof. Turek, sometimes in diphtheria.

An observation in regard to the great need of some means for examining the throat, answering the purpose thoroughly and fully, is here quoted. Porter, an English Surgeon, during the course of a dissertation on diseases of the throat in 1857, says: "How is a man of experience, when he meets with a case of laryngeal disease, to know whether it is caused by an œdematous condition of the sub-mucous tissue, by a chronic thickening of the mucous membrane itself, by laryngeal ulceration, or by destruction of the cartilages, by the presence of abscess or tumor, or of any other of those numerous affections which dissections so frequently show to be the cause of death?"

"Perhaps by reason of the difficulty of the subject, it will be long before we possess the same accuracy of information with reference to the affections of the windpipe, that has been attained in other diseases." This is quoted by Johnson—"Lectures on the Laryngoscope, and directions for its use, London, 1864."

In this connection it would seem appropriate to allude to Czermak's suggestion, and subsequent employment of the laryngeal mirror for rhinoscopy, by turning a smaller mirror upward. The posterior surface of the soft palate, the posterior openings of the nasal fossa, and superior part of pharynx, and raising up the velum pendulum palate as far as possible, are easily viewed.

Dr. George Johnson, in his lectures on the Laryngoscope, relates a case where the surgeon made an unsuccessful attempt to remove a supposed polypus, when the employment of rhinoscopy proved it to be an affection of the turbinated bones, and not a polypus.

Czermak had a case of a tumor in the left nostril, which, to the touch, resembled a polypus, and rendered the patient deaf on that side an operation was contemplated; but a rhinoscopic observation discovered a temporary swelling of the mucous membrane as large as the finger surrounding the eustachian orifice, also over the inferior turbinated bones, but no polypus, nor any tumor which an operation could have removed.

NOTE.—(For the report of the last two cases I am indebted to Dr. Antoine Rappaner, of the Fifth Avenue Hotel New York, my preceptor in the art of practical Laryngoscopy and Rhinoscopy,

as he has been of other laryngoscopists now located in Eastern cities, himself for three years a pupil of Prof. Ludwig Turek, of Vienna, whose work—Dr. R's.—on this branch of surgery, the best in this country, was issued in February last in New York).

Until recently but little has been accomplished by the profession in the treatment of that very common disease catarrh, or if any, none of importance that scarcely deserved the name of treatment. In a last year's number of Braithwaite's Retrospect of Medicine and Surgery, we find a description of a mode of treatment now adopted in England and Germany, the principle of which is to thoroughly cleanse the nasal passages by passing a stream of medicated fluid through the posterior naso-pharyngeal passages, which answers the purpose admirably and effectually. The mouth being well opened, the uvula and soft palate press against the posterior wall of the pharynx so as to close the cavity, so that the fluid is compelled to seek a passage through the nares. Turek speaks of this in connection with rhinoscopy. Of course, the uvula must be out of the way. In some throats this is difficult, without using previously a loop to keep the uvula well raised. Sometimes a hook (blunt, of course,) is employed for effecting the purpose. Electricity is an excellent adjuvant to the lessening and changing the character and over-secretion of the nasal mucus; and very effectual in *œzema*, using permanganate of potash at the same time in solution.

There is still another very important use for the laryngoscope, that of using it for the detection of foreign bodies lodged in the throat, if not too far down. There are certain portions of the larynx not far down, as well as in the trachea and pharynx, where small foreign bodies are apt to lodge; in the fossa at the root of the tongue; either side of the epiglottis; in the ventricles of Morgagni; in the glottis, or below the glottis; in the trachea; either side of the frænum of the epiglottis; loose folds running from the root of the tongue to the epiglottis. On either side of the larynx is a groove or fissure, readily seen in the laryngeal mirror, which is a favorite locality for the lodgment of foreign substances of small size.

Prof. Turek removed a fish bone lodged between the left corner of the tongue bone and the free margin of the epiglottis, at the first effort. Needles and bristles have been swallowed, lodged in the ary-epiglottiden folds, and reported extracted by the aid of the mirror, by Dr. Antoine Rappaner, of New York.

In anti-laryngoscopic times many of such cases, unless the substances were voluntarily expelled, proved fatal. What a blessing is the laryngoscope. Finally, there is great advantage to be derived from being able to get readily to the vocal chords, for the application of the galvanic wire in neuralgia and paralysis, or for making any special medicinal application; and determining after the operation of laryngotomy or tracheotomy has been performed, the state in which the healing process goes on, and the ease with which we can now inspect the parts within, to satisfy ourselves if the divided parts are healing kindly, is a matter of no trifling moment.

In this connection I will here state, that disease confined within the cavity of the larynx, does not heal so kindly after operation, as when the trachea is laid open. This, Prof. Turk remarked, because the vocal ligaments and muscles are impaired in their action, by section, more than in the latter.

ART. III.—*Pepsine.—Its Value as a Therapeutical Agent.*

By D. A. MORSE, M. D., of Midway, Ohio.

It is a needless waste of time to discuss the nature of the apparatus which supplies this substance to the aid of digestion.

Grant *that it is furnished*, whether by the follicles that furnish the acid liquid, or by the mucous membrane independent of these, that its action is confined to but one class of food, the *albuminous*, and we are enabled to proceed.

The October number of the *Lancet and Observer* calls attention to the use of pepsine in *Infantile Diarrhea*. To determine the value of a therapeutical agent, we must inform ourselves of its influence upon the animal economy in health, and as modified by disease. We must ascertain the true pathological changes in the disease we desire to relieve, the indications for relief, then, whether our remedy will meet those indications.

I have administered pepsine to a number of cases, to some a well-prepared article of the grayish white powder. I have administered, also, with albuminous food the gastric juice of the calf, obtained from the stomach when filled with half digested milk.

The action of pepsine is not that of a solvent of albuminous substances. It *disposes* them to become soluble in the acid solvent. The albuminous groups being converted into peptones, which are soluble, albumen itself being insoluble. It is rendered soluble by the gastric juice, is dissolved, and again rendered insoluble by the mesenteric glands. It is converted into its original form of albumen, coagulable by heat. The liver exercises, also, an important action upon albumen and sugar.

Glucose and albumen injected into the general system are thrown out by the kidneys as foreign elements; injected into the portal veins, they remain. Whatever this action is, it is that of preparing for use these elements; otherwise they are not tolerated by the circulation. Is not, then, the elimination of albumen and sugar by the kidneys, due to an imperfect performance of their duty by these organs, fitted to prepare them for consumption? Other acts are concerned than simple solution of agents destined to meet the two great wants of the system—repair and combustion. We must have absorption and assimilation. Food must pass through all the gradations to assimilation. Retrograde metamorphosis breaks down tissues, when they may be burned off.

The presence of an acid is as well demonstrated as being necessary, as is that of pepsine. Wasman's (who first isolated pepsine) experiments with pepsine and hydro-chloric acid confirm this beyond dispute. Thus, a liquid containing $\frac{17}{10000}$ of acetate of pepsine, and six drops of HCl. per ounce, will dissolve a thin slice of white of egg in six or eight hours, while a solution of twelve drops per ounce, will dissolve the same in two hours. We will not attempt to decide the question of the nature of this acid, as discussed by Bidder and Schmidt, Lehman, Liebig, etc. It is altogether probable that chloride of sodium supplies it by its decomposition. The chlorine uniting with hydrogen; the sodium finding itself converted into the bicarb, found in the blood, and so essential to many secretions. Hydro-chloric acid alone will not digest flesh at any ordinary temperature. Increase it to boiling heat, and it is dissolved only in part. The solvent properties of pepsine and hydro-chloric acid are very remarkable, flesh melting down, as it were, before these combined agents. There is no fluid secreted by the mucous membrane of the intestines, or of any part, except the stomach, that can be employed as a solvent.

There has been much discussion regarding the pancreatic juice,

many regarding its actions accessory to that of the stomach. Those who have made themselves familiar with the experiments of Bidder and Schmidt, Claude Bernard and other modern observers, must conclude that the office of the pancreatic juice is simply to form an emulsion of oily matters, the emulsion being but the fat divided into minute particles, each particle coated with albumen to preserve its integrity. These are found in the lacteals in this condition. The conversion of starchy food into sugar being an important part of the office of this fluid, thus disposing of two classes of food.

It is proved by observation that pepsine is always present in the stomach.

The secretion of the acid fluid is not constant. It appears only in response to some excitement. Pepsine can be obtained from a stomach at the period of fasting. It is found in the mucous and epithelial layer, under all conditions. (See experiments of Dr. Pavy, Lecturer at Guy's Hospital, London). Dr. Pavy obtained pepsine from stomachs taken from the post-mortem room of Guy's Hospital, derived from patients who had died from typhoid fever, phthisis, apoplexy, lithotomy, amyloid degeneration, ovarian disease, and disease of the heart with typhoid symptoms. Solutions from these stomachs, when treated with hydrochloric acid, *all yielded energetic digestive properties.*

What, then, must be the indications for its use in disease? What conditions in diarrhea is it calculated to meet? The result of my experience is with the agent, that it will in a majority of cases *produce diarrhea*. When combined with astringents it will not excite action in the alimentary canal.

In diarrhea we have a paresis of the great sympathetic, the co-ordinator of secretions, which affects all organs to a greater or less extent. There is congestion of the portal system, vitiated secretions, arrest of assimilation, and consequently great loss of tissue; the vital flame being supported by retrograde metamorphosis, constructive metamorphosis being denied. Will pepsine, then, if the secretions of the liver and pancreas are arrested, if the acid of the gastric juice be withheld, restore these to the alimentary canal? Is it sufficient to correct vitiated secretion? Will it raise the tone of the sympathetic? Will it produce assimilation, after relieving the congested portal system and producing absorption? Pepsine is present in diarrhea. We find its

action exhibited upon milk; yet it is not rendered soluble after that curd has been formed.

Diarrhea is no less a disease of assimilation, than of digestion. It is true in diarrhea of infants there is often acidity of the intestinal tract, resulting from fermentation and the decomposition of ingesta. There is also acrid secretion which aggravates this condition. The stomach seems to be less at fault than other organs. Is it not more rational to relieve the congested mucous membranes of the alimentary canal; to unload congested organs; to attempt to cause assimilation to equal consumption; produce free action of the skin and kidneys? The practice of Chambers in administering acids in fevers seems more rational, and is attended with greater success than the administration of any single agent. Does not this keep pace with observation and experiment? Will not your patients exclaim with those of Dr. Chambers, who have received the acid, they "feel so much stronger and better?"

In the treatment of disease we must meet indications as they arise. If there is acidity, antacids are required. If acid be wanting, supply it. Be careful not to mistake fermentation for excessive secretion of the acid of the gastric juice.

I am aware that of late pepsine has been brought again before the public; that every journal teems with advertisements of its various preparations. I am not satisfied that its administration is attended with great permanent benefit, when administered alone.

If pepsine be of value, it can only be in those cases in which the gastric juice has power sufficient to perform a portion of its work. The pepsine and acid are powerful agents in preventing *decomposition*. They may be made to serve a useful purpose in this way. In some cases we have a very copious secretion of acrid bile. If pepsine be deficient in *quantity* or *quality*, it must be in these cases attended with rapid fermentation and decomposition of food. Doses of five grains will be a maximum dose. Many cases of adults will not tolerate one-half this dose, except astringents be added. I have administered five grain doses to patients suffering constipation, and have had result, copious liquid stools in eight to twelve hours.

ART. IV.—*Are Rat Bites Poisonous?*

NELSONVILLE, OHIO, November 16th, 1868.

EDITOR LANCET AND OBSERVER:—I am possessed of some facts in relation to *rat bites*, which, I presume, will be of worth to the readers of your journal, and I shall consequently, with your consent, avail myself of its pages as the medium of communication.

Prof. Gross, in his most excellent work on Surgery, has a chapter devoted to "Tooth Wounds," in which he adduces many striking instances of their virulence and obstinacy, and gives due prominence to this species of wounds. Yet I think he has erred, in that he discards the idea of their being poisonous, and attributes all the evil consequences of this class of wounds to the mechanical injury sustained in their infliction. I think I have data to establish the fact that rat bites, at least upon some occasions, are poisonous; and that the poisonous principle is due to a virus which suffuses their teeth; and that the victim becomes inoculated with this virus, upon being bitten by a rat so conditioned. I will cite a few cases in point.

Mrs. M——, and Thos. M——, her child, were both bitten by a rat on the night of May 19th, 1868. Mrs. M. was bitten but once on the little finger, and it bled but little. The child was bitten twice, once on the little finger, and once on the ring finger. The little finger bled profusely; the other did not bleed. The mechanical injuries healed kindly, leaving scarcely a trace of the wound; and the event had nearly passed out of mind, when one morning, about two weeks after being bitten, the child's ring finger, the one that did not bleed, was found much swollen and inflamed. A few days thereafter, the mother's finger became painful and swollen also. Inflammation of the most violent character supervened, resulting in gangrene, which finally became arrested under very active treatment. The dead parts sloughed away, and the hand slowly healed. The child was less fortunate. The inflammation here was not so violent, but more persistent. The finger became enormously swollen and indurated, and neither time nor treatment seemed to avail any thing toward its reduction, until finally we bandaged it, when it rapidly decreased. But with its decrease alarming constitutional symptoms declared themselves, characterized by hectic irritability of the stomach and intestines, vivid erythematous blotches on the surface, thirst,

anorexia, and general malaise, which gradually consummated in death.

I wish to call particular attention to the following facts declared in the cases cited above:

1. The mechanical injuries healed kindly.
2. The finger of the child that bled, did not become subsequently affected.
3. The fingers that did not bleed, or bled but little, became violently inflamed.
4. The constitutional effects were very marked, both on the mother and child.

Now, the mechanical injury having healed, we can not refer the baneful results following to the legitimate consequences of a contused and lacerated wound; neither can we regard it as erysipelas, attacking an imperfectly healed wound, for, as I before stated, the wounds were beautifully healed; and even had they not been, how can we account for its attacking but two of them, (those that did not bleed) and ignoring the other? Then, again, we can readily conceive why the wound that bled so profusely did not inflame, in the simple fact that the current of blood completely washed away every vestige of the virus.

A case very similar to the above, occurred a few years since in the person of a child, living on the opposite side of the street from them, which resulted in mortification and death. I am also informed of two additional cases in Fairfield County, two young misses, sisters and twins, who were both bitten on the cheek; but no evil results followed, until a considerable period after the bites had healed, when active inflammation ensued, running rapidly into gangrene, destroying the cheek and eye on the affected side, invading the brain and producing death.

These I deem sufficient to corroborate my views, and shall desist, although I have the histories of several other cases very analogous to the ones related, and equally pertinent. We should accordingly treat them as poisonous wounds.

D. I. GILLIAM.

Clinical Lecture,

Delivered at the Good Samaritan Hospital, December 9th, 1868.

By DR. WM. CARSON, Physician to the Hospital.

GENTLEMEN: We do not propose to preface this case with any directions as to the clinical examination of patients, a few leading questions are sufficient to give us a starting point, from which to develop the case before us. As we do so, we shall direct our house physician to make a memorandum of each important fact upon the board before you, to which you can refer in the successive steps of diagnosis, treatment, etc.

The name of our patient is Henry Badenot, aged 35 years, a German. Father died at the age of forty years, having had, during part of his life, the same difficulty that Henry has. Mother died of consumption. Has four sisters and one brother now living in good health.

Henry has had typhoid fever, small-pox, and he says, pneumonia, the last, nine years ago. He has served as a private during the recent war, and since that has been in various employments. Such is a brief history of this man, up to the beginning of his present difficulty.

In answer to our questions as to how he ails, he replies simply, that he always has great difficulty of breathing, and has had "shortness of breath" ever since his early childhood. It is felt upon any effort more than ordinary, and intensified whenever he has taken cold. It is, therefore, persistent and chronic. We have then, to note, first, dyspnœa as a subjective phenomenon, a feeling almost constantly present, and at times distressing. Dyspnœa of such a character points us either to the lungs or heart as its source, and, therefore, we shall direct our attention to those organs.

To be systematic, as our examinations of those organs should always be, we proceed to develop, as nearly as possible, 1st. all of the rational symptoms; 2d. the physical signs pertaining to the case. Next to the dyspnœa he makes mention of cough, generally dry, sometimes attended with expectoration; and that you might judge, both of its appearance and quantity, I directed that what he expectorated within a period of about five hours, should be saved. You have it before you, and we call it transparent

frothy and mucous, in quantity of less than an ounce, and, therefore, scanty. Has never had hæmoptysis nor pain. The functions of nutrition seem to be fairly sustained. He lost twenty pounds or more two months ago, soon after what seemed, from his account, to have been a severe attack of bronchitis, but has partly regained it. Tongue clean; appetite good. Does not sleep well, by reason of dyspnœa. Pulse about 80, small and regular.

Our next step will be to ascertain what the physical signs are, first by inspection of his chest, its form, etc. For purposes of comparison, I have brought before you two healthy adults, that I may impress upon you the points I wish to demonstrate. Looking at the anterior surface of our patient's thorax, we may remark undue prominence and bulging in the sternal and mammary regions, somewhat more on the right, than left side; slight depression immediately under the left clavicle—very prominent clavicles—and supra-clavicular spaces not filled up. The lower thoracic regions have a constricted appearance. Looking at the axillary regions, you will find that the ribs have more nearly a horizontal direction, than in either of the other cases. That we can demonstrate by using the crayon, and tracing the lines. Coming to the posterior regions, we notice a stooped position, and a slight lateral curvature in the dorsal portion of the spinal column. The tumor-like prominence observed in the lower scapular region of the right side, appeared after a fall recently, and is external to the ribs.

Having thus detailed the points presented in the general form of his chest, we come next to the inspection of respiratory movements.

They are in this case so peculiar, that a demonstration of them will be easy to the whole class. The normal relations between the movements of elevation and expansion, have been changed. We have a great amount of elevation of the chest, with simultaneous retraction in the lower thoracic regions, and expansion movement is very limited. The chest and shoulders rise and fall, and the whole action is labored. The contrast with the others is striking. Respiration is about 22, and, therefore, it is not unusually hurried, but wheezing at times, heaving and labored. The inspiratory act is shortened, and the expiratory lengthened, another change of normal proportions. We have, therefore, to record dyspnœa as an objective phenomenon.

The vocal fremitus is normal, on the right greater than the left, scarcely appreciable on the latter side.

In reference to the signs by percussion and auscultation, we can only give you the results of our previous examinations. We have, then, exaggerated vesicular resonance over most of the anterior surface of the chest, over the precordial region, and overlapping somewhat the usual line of hepatic dullness on the right. Posteriorly the resonance is not quite so great. It is normal in the subscapular regions, and exaggerated in the superior axillary of the right side.

Auscultation gives us harsh respiration over the anterior regions. Expiration is prolonged, being on left side, one-fourth longer than inspiration on the left side, and equal on the right side. Expiratory sound lower in pitch. Sonorous and sibilant rales are also heard at times, particularly when the dyspnoea is intense. In the axillary regions the same respiratory sounds are heard, but have not the same intensity. Posteriorly on the right side respiration is feeble. Rhythm nearly normal. Over the lower scapular region of the left side, vesicular sound is somewhat more intense. More or less of the sibilant and sonorous rales are heard posteriorly.

Examination of the heart gives us the following results: Apex beat not felt; precordial region abnormally resonant; action of the heart normal, but not feeble. No displacement.

You have before you, then, the material from which we are to make our diagnosis; the alphabet of the case, which we must interpret and arrange, in order to get a proper reading.

RATIONAL SYMPTOMS.

1. Subjective Dyspnoea, persistent and chronic.
2. Cough, infrequent, usually dry, sometimes with
3. Expectoration, scanty, frothy, transparent.
4. Absence of Pain.
5. Absence of Hemorrhage.
6. Absence of night sweats and chills.
7. Nutritive functions fairly sustained.
8. General strength fair.

PHYSICAL SIGNS.

1. Expansion and bulging of thorax in sternal and mammary regions.

2. High and prominent clavicles, with unfilled supra-clavicular fossæ, and very slight sinking under left clavicle.
3. Constriction in lower thoracic regions.
4. Horizontal direction of ribs.
5. Slight spinal curvature and stooping.
6. Expansion movement minus, and elevation movement plus, with retraction below.
7. Inspiratory movement shortened, expiratory prolonged.
8. Exaggerated vesicular resonance.
9. Harsh respiration.
10. Shortened inspiratory, and prolonged expiratory sound.
11. Vocal fremitus and resonance normal.

The history of this case, particularly the persistent and chronic difficulty of breathing, determines it to be essentially chronic. He asserts long continued subjective dyspnœa, and there are abundant objective evidences of it in the alterations of the form of the chest, and of the respiratory movements. It is persistent and chronic, not acute or paroxysmal; therefore, we exclude cardiac and pulmonary neuroses, and acute diseases of the thorax. There is nothing in the action of the heart to produce dyspnœa, hence we look to chronic diseases of the lungs, which are phthisis, emphysema, chronic bronchitis and pleuritis, dilatation of the bronchial tubes, chronic pneumonia, etc., etc.

There is a presumption against phthisis lasting as long as this man's difficulty has. From his family history there is a presumption in its favor; but for the same reason we have one in favor of another chronic disease of the lungs. Dyspnœa as a symptom of phthisis is not constantly present. Deficient expansion movement is more limited to the infra-clavicular regions, and elevation movement is not so great. Referring to other symptoms and signs, the cough and expectoration are not that of established phthisis. Pyrexia is not an accompaniment. There has been no progressive failure of vital power or nutrition. We are now speaking of the original condition, and not of any possible complication. The physical signs bear important testimony. In our case there is expansion of respiratory space, and not contraction. The exaggerated vesicular resonance over the anterior portions of the lungs, and general diffusion of dry rales, contradict the supposition of phthisis. In this connection we must consider the significance of what appears a slight depression under the left clavicle. It is doubtful whether the increased fullness on the

right side, which we noted as belonging there, may not produce the impression of a sinking on the left. At any rate the percussion sound does not sustain the idea of an unmingled condition of density. We shall hereafter refer to this aspect of the subject.

Coming, then, to the next chronic condition, that of emphysema, and beginning with the element of time, chronicity, extended through childhood and manhood, is often observed.

Statistics prove a tendency to hereditary transmission of emphysema; and we have a hereditary taint in our patient, as he states his father "had the same complaint." The dyspnœa, subjectively and objectively considered, and the cough as he usually describes it, comport with the same theory. The expectoration is not a product of pure emphysema; but even in that we have a clinical concurrence, as we shall see. The absence of pain, hemorrhage, chills and night sweats, and the condition of his nutrition and strength, point in the same direction. In the exaggerated vesicular resonance, remarked over a large part of the chest, we have not only a concurrent sign, but almost a pathognomonic one; for pneumo-thorax is unlike in its inception, duration, and most of the physical signs, which belong to our case. It is acute and sudden in access, preceded by evidences of other disease confined to one side of the chest, and tympanitic in percussion.

The value of the vocal fremitus and resonance is negative.

The formula for our case stands, at this time, thus:

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| 1. Dyspnœa subjective, objective, chronic. | } Emphysema. |
| 2. Cough, usually dry and weak. | |
| 3. Exaggerated vesicular resonance. | |
| 4. Fair condition of function and nutrition. | |
| 5. Hereditary influence. | |
| 6. Absence of pain, hemorrhage and sweats. | |

Some of the most important physical signs of emphysema are wanting in our equation. To fill it up we should have feeble respiration, shortened or deferred inspiration, and very prolonged expiration. If we refer to our table, we find in place of these we have harsh respiration with prolonged expiration, and sonorous and sibilant rales. Dilatation of the air vesicles, the consequent want of elasticity, and deficient expansion, cause feeble respiratory sound, shortened or deferred inspiration, and lengthened expiration. The harsh respiration, and the sonorous and sibilant rales point, then, to another condition. They are the rales of vibration which accompany bronchitis. General clinical experience

coincides with the conclusion, that here we have an association of emphysema and bronchitis. It teaches us that the physical signs, at least some of the most important ones of emphysema, are masked by those of bronchitis, and that emphysematous patients are particularly prone to attacks of bronchitis. That the feeble respiration and shortened inspiration of one should be masked by the harsh respiration and vibrating rales of the other, is explained by the fact that these repeated attacks of a catarrhal character, produce that thickened and contracted condition of the bronchial mucous membrane, which destroys in respiration the vesicular element of sound, and substitutes the character of harshness. The external pressure exerted by extreme distension of the air-vesicles upon the smaller tubes, may also tend to the same result. The expectoration we may add as a confirmatory particular. Amending our formula we have thus:

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| 1. Dyspnœa, subjective, objective and chronic. | } Emphysema
and
Bronchitis. |
| 2. Cough, usually dry and weak. | |
| 3. Fair condition of function and nutrition. | |
| 4. Hereditary influence. | |
| 5. Absence of pain, hemorrhage and sweats. | |
| 6. Exaggerated vesicular resonance. | |
| 7. Harsh respiration, sonorous and sibilant rales. | |
| 8. Scanty mucous expectoration. | |

It would be difficult to fix, in this case, the antecedent condition. There are some facts, however, which bear on the question. He refers his trouble to early childhood. It would seem probable, then, that the hereditary taint had an important influence. We have no data for determining the period at which that taint usually begins to be manifested, whether it be a diathetic condition, a local derangement of nutrition, or an undetermined form of degeneration.

Dr. Fuller mentions five out of forty-three emphysematous persons, as showing it between the ages of 7-20. Walshe mentions a case, where emphysema occurred in a child that survived birth only two hours. My friend, Dr. Kemper, of this city, told me of the case of a child, in whose family asthma was hereditary, that had, at the age of eighteen months, and up to the age of three years, shown difficulty of breathing, and at that time had

an asthmatic paroxysm. We would suspect an emphysematous tendency in such a case. On the other hand, there is the fact that "emphysema is the result of antecedent mischief," generally. We are inclined to attribute it here to the hereditary predisposition, developed by some of the catarrhal difficulties of childhood.

Some facts in his history make the relations of phthisis and emphysema a practical question. In one line of his parentage there was emphysema, in the other, tubercular disease. We have given our reasons for excluding the latter as the original condition. The emphysematous element has been the predominant one. Is tubercle, now, a complicating one? The conservative effect of emphysema in preventing and retarding phthisis, is acknowledged. As he has four brothers and sisters, the remainder of his family, who have not shown any tubercular taint, we might infer that it is not very strong, yet the circumstances of his life may have been sufficient to strengthen and develop it. He has had a number of serious illnesses, typhoid fever, small-pox, pneumonia of left lung, and has been operated on for artificial pupil. He has lived an unsettled life; been in the army, and exposed to many hardships. A suspicious fact is, that three months ago he lost twenty or twenty-five pounds; but he says that it was lost during an acute attack, and has been partly regained.

The physical signs of associated phthisis and emphysema are confusing. We made allusion, just now, to the depression under the left clavicle. In addition to what we then said, we remark that it may be the result of the pneumonia, with following contraction of the lung substance, or pleuritic adhesions; or there may be tubercular deposit, resonant by reason of adjoining emphysematous distension. We still regard it as, taken in connection with the family history, worthy of an important consideration as to the final result. Other physical signs, as well as the general condition, contradict the theory of any active tuberculous disease. We have few moist, but extensively diffused dry rales.

He had, when admitted to the hospital, a paroxysm, largely asthmatical, but partly bronchitic. We have not time to dwell upon this feature of emphysema, any more than to ask you to bear it in mind. It furnishes an essential indication in the treatment, though it be incidental to the disease. He would be called by many an old asthmatic; but that does not express his true condition, because it gives you more the idea of functional, than

of serious and permanent organic disease. Since his admission to the hospital he has had several asthmatic attacks, principally at night, with almost complete subsidence during the following day. Bronchitic complications do not disappear so rapidly.

Having thus given you what we conceive as the important points of diagnosis, we give you the elements of prognosis. If it were a case of uncomplicated emphysema, a very rare case, he might live a long life. It is brought within the range of the disease, as we usually meet with it, by the certain complication of chronic bronchitis, and the possible one of tubercle. We make no mention of the heart, because there is no evidence of any damage to that organ. He is liable to succumb at any time to a severe intercurrent attack of bronchitis. If he provide against that, by careful habits of diet, clothing, and avoid exposure during inclement weather, he will prolong his life to a considerable period beyond his present age. We say this in view, also, of the possible existence of tubercle, basing our statement on what Pollock*, whose experience has been large, says, that "in phthisis, when found combined with asthmatic paroxysm, and true emphysema of the lung, the case is certain to be a long one, and an opinion favorable for time may, with confidence, be delivered, if no cardiac affection be present."

As to the treatment, one fact, illustrated in our patient's family, that of hereditary transmission, should induce us to look for, and regard with great watchfulness, any evidences of the approach of emphysema, such as more or less constant difficulty of breathing, or asthmatic attacks. If, in early life, this patient had been watched with reference to that point, and a judicious system of regimen and treatment been persevered in, he might have been in better condition to-day. Avoidance of any unusual demand upon heart and lungs, of exposure that would bring on catarrhal attacks, and the use of tonics, of which preparations of iron are generally the best, is the general plan I would advise. It would require patience, but that is the only time during which you can have any chance of preventing serious organic change. It is too late to attempt any thing of that kind with this man. We can only treat his chronic bronchitis, and asthmatic paroxysms. The latter have been controlled by the administration of atropia internally, under Prof. Bartholow's advice. We would advise for

* Elements of Prognosis in Consumption.

the former, a combination of Tinct. Ferri Mur., Syr. Senegae and Tinct. Lobel, adding, if necessary, Ipecac or Tart. Emetic, for the acute exacerbation. Plain nutritious diet in moderate amount, and care during these winter months, should be enjoined. Such cases should be provided with well-ventilated sleeping rooms, and avoid crowded apartments at all times.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Physiological Action of Atropia upon Animals.

Extracts from an Essay, By SAMUEL R. PERCY, M. D., Prof. of Materia Medica, Physician to Mount Sinai Hospital, etc., for which was awarded the prize for the years 1867 and 1868 of the Alumni Association of the Medical Department of Columbia College.

Since the discovery of atropia, it has been used as a substitute for belladonna chiefly on account of the certainty of its action, but also because it is easier to use, and much cleaner than extract of belladonna.

As to the relative strength of atropia and belladonna, Pfitzner* says that one part of atropia is equal to 240 parts of extract of belladonna. Geiger† says that one grain of atropia is equal to 200 of extract of belladonna, 600 grains of belladonna-plant, or 360 grains of powdered belladonna-root.

Whether used locally or generally, the effects of atropia upon the system are similar to those produced by belladonna; but it is more quickly absorbed, and produces its effects in shorter time than belladonna.

Reil‡ says that both herbivora and carnivora are readily brought under the action of atropia, but that the latter are more easily and more quickly affected than the former; that sharp-sighted birds and cats are exceedingly susceptible to its effects.

* *Dissertatio de Atropino*, 1846.

† Hagen, p. 601.

‡ *Ib*, p. 602.

Cogswell* experimented upon frogs, injecting a solution of one grain of atropia under the skin of the right hind-leg, which produced intercurrent convulsions on this leg, while the other was entirely relaxed. After a while, these convulsions ceased, but returned at the expiration of twenty-four hours.

Michea observed that snails did not suffer from the action of atropia, but that they were poisonous to animals that ate them.

The German physiologists have experimented with atropia upon a large number, and upon different varieties of animals; they find its physiological action similar to that of belladonna, but more certain.

CASE I.—I administered to a large, coarse dog, which had been kept fasting for twenty hours, one-quarter of a grain of the sulphate of atropia, at 9 o'clock A. M. It was wrapped in a thin slice of meat, and was swallowed greedily. The pulse at this time was 141 beats in the minute. In half an hour the pulse had increased 11 beats in the minute. The tongue was constantly thrust out, licking the lips, followed by masticatory movements and frequent deglutition; no saliva or mucus flowed from the mouth. A marked dilatation of the pupils was visible. Many efforts at vomiting were now made, but nothing was thrown up, and the efforts at vomiting did not cause a flow of saliva, as is generally the case when a dog vomits. These efforts at vomiting continued about half an hour. A pail of water was then put by the dog, and he was allowed to drink as much as he pleased. At 11½ o'clock he stood with his legs spread wide apart, the eyes suffused, the pupils very widely dilated and staring; the respiration was accelerated, laborious and abdominal. He made no effort to move, but lapped greedily, if water was placed to his mouth. A stick pointed at the eye did not cause the lids to close, and the lids did not close, unless the eye was actually touched. He made no movement when called, and seemed as though he was both deaf and blind. He would not eat, when meat was placed to his nose. A large quantity of urine was passed, but without moving from the position he was in.

At 12½ o'clock the dog was lying on his side, and did not move when struck a smart blow with a switch; the eyelids were open; the pupils enormously distended; the respiration rapid and abdominal; the pulse thin, wiry, and not to be counted.

At 6 o'clock P. M., the dog was still in the same position; the respiration was much easier, the pulse slower and fuller. At 9 o'clock, the next morning, the dog was walking about in a very dejected manner, the pupils widely dilated, with frequent strabis-

* London Lancet, November, 1852.

mus. He ate sparingly, and drank freely. The next day he seemed quite well, but the pupils were still large.

CASE II.—To a dog somewhat smaller than the last mentioned, that had been kept without food or water for twenty-four hours, a quarter of a grain of the sulphate of atropia was given in a small bolus of meat. The symptoms that supervened were very similar to those last described; but the dog was allowed no water. Ten hours after taking the atropia, he was seized with convulsions which lasted about fifteen minutes; deep coma then supervened, and he died in about half an hour. The tongue was swollen, and indented with the teeth; the mouth was full of ropy mucus, as were also the œsophagus and trachea. The mucous membrane of the stomach was slightly reddened, the intestines looked healthy, the heart was full of dark blood, as were also the arteries of the lungs; the kidneys were highly congested, sufficiently so to have caused death by uræmic poisoning. There was about half an ounce of urine in the bladder, which, applied to the eye of another dog, caused dilatation of the pupil.

CASE III.—To a much smaller dog, which had been kept without food or water for fourteen hours, a quarter of a grain of sulphate of atropia was given in meat. As soon as free dilatation of the pupils had taken place, a third of a grain of sulphate of morphia was given in a small bolus of meat. No water was given. No convulsions took place. The animal lay quiet; the respirations were full and deep, and not frequent; the pulse was slow and full; the pupils of the eyes as widely dilated as though no morphia had been given. In seven hours the dog died. The heart, lungs and brain were full of dark blood; the kidneys were highly congested, and there was hardly a teaspoonful of urine in the bladder.

CASE IV.—To a dog of about the same size as that last mentioned, which also had been kept for fourteen hours without food or water, a quarter of a grain of sulphate of atropia was thrown into the stomach, dissolved in half a pint of water. In half an hour this was followed by a third of a grain of sulphate of morphia, dissolved in two ounces of water, the pupils being widely dilated at this time. Mastication and deglutition were constant, but there was no vomiting. The dog was stupid, and unconscious to all noises, and it soon lay down. Four hours after giving the atropia, he was brought into a bright sunlight. By quickly removing a dark object, so as to allow the sun to shine quickly upon the pupil, contraction could plainly be seen. Eight ounces of thin Indian-meal gruel were thrown into the stomach. Nine hours after the first dose, the dog ate voraciously, and drank a large quantity of water. The pupils were not largely dilated, and the animal seemed comfortable, though not playful.

I have repeated these experiments, and I find as a rule that, if atropia is given without water, the effects are much more irrita-

tative, and lasts much longer, than when a sufficiency of water is allowed. When death takes place where water is not allowed, there is always congestion of the kidneys. Morphia, although an antidote to atropia in ordinary cases where water is freely allowed, is hardly an antidote where fluid is entirely withheld. A much larger dose of atropia may be borne without danger, if care is taken to keep the system well supplied with fluids; and the effects of poisoning pass off much more rapidly, if warm diluents are prudently administered. Where diluents are freely given, the kidneys perform their function, and gradually remove the poison from the system; but where large doses of the medicine are given unaccompanied with liquids, the kidneys are unable to eliminate either the poison or the urea, and the animal consequently dies, frequently only from uræmic poisoning, at other times from the double effect of the poisoning from the alkaloid, and uræmic poisoning as well.

CASE V.—Two drops of a solution containing one-thirtieth of a grain of the neutral sulphate of atropia were thrown, by means of the hypodermic syringe, beneath the skin over the supra-orbital nerve on the right side. The pupil of the right eye began immediately to dilate, and in one and a half minute, but a mere border of the iris was to be seen. The dog's head was held so that a strong sunlight was shining in both eyes. In four and a half minutes the pupil of the left eye began to dilate slowly, and continued to dilate for five minutes; but it did not dilate to any thing like the size of the pupil of the other side. The dog came when called, but his steps were uncertain, and when he attempted to go down stairs, he fell all the way down. The eyes had a lack lustre, staring, congested appearance. The pupils were still dilated thirty-six hours after the injection.

CASE VI.—A solution containing one-sixteenth of a grain of sulphate of morphia was thrown, by means of the hypodermic syringe, beneath the skin over the supra-orbital nerve of the left side, while, at the same time, one-thirtieth of a grain of the neutral sulphate of atropia was thrown in a corresponding place on the right side. The dog's head was held in a strong sunlight. Immediately the left pupil began to contract, and the right pupil to dilate; and in two minutes and a half the left pupil was not much larger than an ordinary shot, while the right had already dilated to its utmost extent. No coaxing could induce the dog to take a step; he lay down, with his head between his paws. In the dusk of the evening, about eleven hours after the operation, he ate, drank and played quite freely. Upon applying a light to the eyes, they were still different in size.*

*ON THE ANTAGONISTIC ACTION OF OPIUM AND BELLADONNA.—Prof. A. Græfe makes the following observations on the antagonistic action of opium

CASE VII.—Six minims of a solution containing one-sixth of a grain of sulphate of atropia, were thrown, by the hypodermic syringe, into one of the large veins of the ear of a dog. In eighty seconds he fell on his side, and died of coma in three and a half minutes. The pupils of both eyes were widely dilated. The dog had been sick, so no *post-mortem* examination was made.

Physiological Action of Atropia on Man.

CASE VIII.—To a gentleman of literary habits, who had used his eyes too much, a solution of the neutral sulphate of atropia was dropped into both eyes. In a few minutes the pupils were seen to be dilated, and in forty-five minutes they were so widely dilated, that the iris was a mere border. He complained that he could not walk correctly, as he had altogether lost the adaptability of distance. He could not walk up stairs without holding to the banister, and he would not walk down without assistance. When brought into a bright sunlight, it caused continued sneezing—reflex action.

For two days we kept him quite quiet, and under treatment for his diseased state, by associating the use of atropia to the eyes for the purpose of compelling him to be quiet; but, on the third evening, he found he could read by using an old person's spectacles. On the next day, the atropia was dropped into the right eye only, and a piece of gelatinized calabar bean solution was

and belladonna injected into the cellular tissue: When a solution of atropine has been injected hypodermatically, three or four minutes afterward the pupil becomes dilated, the pulse rises to 140–160, and other symptoms of narcosis by atropine are observed. If morphia is then injected, all these phenomena, which would otherwise last for hours, disappear in a very short time. After a hypodermic injection of morphia, a considerable myosis is observed, and the pupil can not be dilated. This is probably to be ascribed to an active irritation in the sphincter muscle, just as mydriasis caused by belladonna is to be explained by active irritation of the dilatator muscle. A new fact, which Von Graefe has observed, is the antagonistic action of these medicines upon the faculty of accommodation; although it has not occurred in all the cases in which he has operated. *Atropine causes paralysis, and morphia a spasm of accommodation.* In consequence of this, the space allowed to accommodation becomes greatly limited, and myopia is the result. All distant objects are indistinctly seen; but, if concave glasses are used, this is obviated. It is true that the myopia is not so considerable as it appears to be when trials on both eyes are made, as, if only one eye is experimented upon, distant objects are more clearly distinguished; a circumstance which is, no doubt, due to the weakening action of morphia upon the internal muscles of the eye. But the phenomenon is only temporary, and is generally only observed three-quarters of an hour after the injection. It is probable that, if a stronger dose of morphia were used, it would last longer, and also be more constant; but it would not be justifiable to do this in order to satisfy physiological curiosity. The symptoms described are to be explained in the following manner. Opium and belladonna have an antagonistic effect upon the muscular fibres of the tensor chorioideæ, as upon the muscles of the iris; and the analogy would be quite complete, if a double and antagonistic innervation of the tensor chorioideæ, by both the third pair and the sympathetic nerve, was just as certain as it is for the iris.—*Medical Times and Gazette.*

placed in the left eye. The disturbance of vision was greater than before, and the adaptability to arrange distances was entirely lost; he could not even feed himself from his plate correctly. He could look at the bright sunlight, if the right eye was covered; but, if he did so when the left eye was covered, it caused him to sneeze frequently, and gave him deep-seated pain in the eye ball. This plan was continued for the purpose of keeping him from study for about two weeks; proper exercise was given, and his health improved very much. After discontinuing the use of the atropia, it was many days before the eyes recovered their natural power.

CASE IX.—The author, while in perfect health, took one-tenth of a grain of sulphate of atropia in an ounce of water. It had a distinct, persistently bitter taste, and produced a numb sensation upon the tongue, somewhat similar, though less in degree, to that produced by aconite. In about ten minutes it produced a sense of nausea, which continued to increase until an effort was made to vomit. Although the effort at vomiting was made several times, nothing was thrown up. To this, intense thirst succeeded, and a frontal headache, which was lessened by closing the eyes. Next, a dryness was felt in the throat, and the tongue and mouth felt dry and feverish. These symptoms were not relieved, and only mitigated for a short time, by drinking water. This dryness of the throat increased, and was persistent for several hours, causing at first almost constant deglutition, and, toward the last, a strong effort to avoid deglutition, which had become painful. During the first two hours the pulse was less frequent, but afterward became smaller and more rapid. The eyes soon lost all control of distance; a printed book, held at the usual distance, was a perfect blur; held at a long distance, letters could be distinguished, but the words, upon looking at them, soon ran into confusion. Objects at a distance could be plainly seen, even a little more plainly than natural (hyperopia), but near objects, though for a moment distinguished, soon lost their distinctness. A numb or crawling sensation, a formication, was felt down the back, upon the arms, and back of the hands. This formication was intense, and very unpleasant upon the palate. Light became unpleasant to the eyes, causing pain deep in the eye balls. Motion became unpleasant, and if the feet were lifted in walking, the floor seemed to recede from them before they again were put down. A sliding of the feet along the floor seemed to be the only safe way of locomotion. The head began to be dizzy, and, for fear of falling, it was necessary to be seated in the easy chair. Thirst, at this time, was very great, but only little water could be taken at a time, as the effort of swallowing was unpleasant. A languid feeling came on, as the semi-recumbent position was assumed, and whether sleep accompanied with wild dreams, or waking hallucinations, followed, it was impossible to tell. Whether the brain was troubled with hallucinations, or with wild, fantastic dreams, they were exactly

the opposite to those produced by *cannabis indica*, for all the imaginations and conversations were of the long past—none of the future. Whether there was total blindness, or merely an imagination of blindness, could not be remembered; but, if there was blindness to the external eye, the mind saw all its images with great distinctness, and the impress of them was left with vividness. There was a consciousness of individuality, but the actions were performed by others, who were embodied spirits of those long since departed. Lengthy conversations of a most pleasant character were held with Plato, Alcibiades, Aspasia and others. How long this state lasted, can not be told; but sound, profound sleep must have followed, for consciousness to external objects did not return till sixteen hours after taking the atropia. Awakening took place suddenly; there was no pain, no headache, nothing abnormal but a languor and disturbed vision. The bladder had not been emptied during these sixteen hours, and, although a large quantity of water had been drunk, but a moderate quantity of urine was passed. The vision was not clear for several days.

The dose here mentioned is small, but I usually take about half the amount of medicine needed by other persons.

Mr. Warton Jones* has applied atropia to the smaller arteries, and finds it to constrict them, and states that the effects continue for several hours. This and other medical solutions he applied also to the web of the frog's foot. Other alkaloids produce opposite effects.†

Correspondence.

PARIS, October 14th, 1868.

EDITOR LANCET AND OBSERVER: As every one has read or heard a great deal about this gay capital, if he has not visited it, I should hesitate to go over the beaten track, so often and so much better described than I can do it, if I did not feel warranted in taking different views of many things from those usually entertained; and so far, perhaps, I may regard my opinions as more or less novel. I will premise, then, by saying that I for

* W. Jones, Sir Astley Cooper's Prize Essay.

† S. Percy, Am. Med Assoc. Prize Essay, pp. 35 and 80, 1863.

one don't view every thing in Paris as being *coulour de rose*. Indeed, I feel justified in adding that, as regards opportunities and advantages for professional study here, the information we usually get on the subject is very decidedly exaggerated and, therefore, incorrect. Excepting for the study of a few specialties, I think Paris is a very indifferent school. Its cheapness recommends it to many; but it is a mistake to suppose that it is entirely free, as a complete medical education here, with the degree of M. D., costs twelve or thirteen hundred francs, equal to about \$350 in our present currency. This is much less than the cost of education in one of the first class London schools, which, with the license of the Royal College of Physicians, or membership in the Royal College of Surgeons, amounts to about a hundred and thirty guineas—say \$900.

The hospitals of Paris disappointed me very much, being generally very indifferently ventilated, and much crowded; and, as if to add to those faults, the beds are furnished with curtains all around; besides, there is a great deal of cooking done in the wards. The *Hôtel Dieu*, with over eight hundred beds, is a most wretched old affair. A new building is, however, in progress of construction to replace the present one, on a closely adjacent site. *La Pitié* is of the same character. *La Charité* is better; but the *Hôpital de Lariboisière*, consisting of detached pavillions arranged in a hollow square, and connected by a colonnade, is a magnificent affair. It contains more than six hundred beds, is but a few years old, and is named after the Countess de Lariboisière, who bequeathed the munificent sum of two millions eight hundred thousand francs toward its construction. The *Beaujon* is another fine hospital, on the pavillion plan, partly, and also bears the name of its liberal founder. These two are the only really handsome hospitals here.

The *Midi* and *Lourcine*, chiefly for Syphilis, the one for males and the other for females, are old and rather suggestive of our old "Commercial," as it was latterly. The *St. Louis* Hospital, of some eight hundred and fifty beds, I should also except, being a very fine establishment. It is the hospital for cutaneous diseases, though not exclusively so, and certainly offers a magnificent field for the study of that class of affections. MM. Richard and Hardy are connected with it, and Cazenave used to be. One of the most interesting of them all, though a small one of only one hundred and thirty beds, is the *Hôpital des Cliniques*, devoted to

surgical and obstetrical cases. It is situated in the immediate neighborhood of the School of Medicine, and the cases sent to it are probably selected for the benefit of the class. Nelaton lectured here; but having reached the "top round," he has given up that duty to devote himself mostly to a select practice among the crowned heads and high dignitaries of Europe.

Here I saw a case of dislocation forward of the fifth cervical vertebra, the result of a dive off an elevation into water of less depth than supposed, the head striking the bottom with sufficient force to cause the injury. It has existed for three months, and the body of the bone can be felt projecting into the pharynx, while a marked depression exists at the back of the neck in the position of the spinous process of the bone. There is partial paralysis of the upper extremities, and, of course, a restriction in the movements of the neck. During one of my visits to this hospital I saw the forceps applied in a case of labor, by M. Tarnier an *agregé* of the Faculty of Medicine. One corner of the room in which the labors take place is partitioned off by a low railing, and in this space is the patient's bed. At the railing the class congregates to observe the progress of cases, see the application of instruments, etc.

The case I refer to was a most favorable natural one; and, as I had been observing it for an hour, I can say it was progressing even rapidly. But purely in the interest of science (!), M. Tarnier applied the forceps to the head, at the time fully distending the perineum, and threatening to be expelled by the natural efforts with each succeeding pain. Evidently afraid that nature would cheat him out of the opportunity if there was any delay, he used a pair of the clumsiest *long* forceps I ever saw, which were brought him by a stupid attendant. The result was considerable increase of suffering to the poor patient, and a torn perineum. This latter he announced with a manner and tone most refreshingly cool! This performance took place before a class of twenty or thirty students, those in front leaning their elbows on the railing I have mentioned, while the "rear rank" stood on benches behind, stretching their necks over the shoulders of those in front of them.

With all due respect for medical science and medical students, I must add that the scene recalled to my mind very vividly pictures I have seen of crowds of the crop-haired gentry, with

faces betokening intense interest and delight, surrounding a cock or rat pit!

It is to be hoped that in America we will continue, as heretofore, to acquire a knowledge of the art of Midwifery, without such violation of all modesty and disregard of decency. It can be claimed, however, in justification of this mode of teaching obstetrics here, that French modesty will stand more than the American article will.

Of the men at present on the medical stage in Paris, not many have particularly distinguished themselves. The older ones among them, who have not done so heretofore, probably never will; of the younger, some doubtless have brilliant careers before them, and who will prove themselves worthy successors of Trousseau, Velpeau and the many other illustrious men who have preceded them. I have seen but few of them, and from what opportunities of judging I have had, I can not speak very flatteringly of them.

Maisonneuve, attached to the *Hotel Dieu*, is one of the most prominent surgeons in Paris to-day. His chief characteristics are boldness in his operative proceedings, and an excessive egotism, which leads him to most absurd lengths in the use and application of the "hobbies" of his own invention, and, if all reports be true, a certain carelessness in his statements rather inconsistent with facts. At present he is combatting pyæmic poisoning in his patients, by means of his *aspirateur*, which is simply the application of the air pump to the wounds by which the vitiated fluids are sucked out. This novelty seems destined to have a run in Paris, as at the meeting of the Academy of Medicine last week, M. Jules Guérin enlightened the members with the details of a case in which he had *aspired* puerperal peritonitis out of a patient by this means.

His theory of the causation of puerperal peritonitis is briefly this: In certain cases, after delivery, the uterus fails to contract, but maintains a vacuum through the obstinacy of its rigid walls, which wont relax; and in obedience to certain natural laws, the atmosphere naturally rushes in to occupy this vacuum; and there, as it is always doing everywhere, it plays the mischief with the fluids. Now, these "vitiated fluids" instead of leaving by the passage, which any decent fluid would naturally take, seek egress by a new route, the Fallopian tubes, being aided and encouraged by certain pumping or sucking effects produced by the motions of

the abdominal and thoracic walls, in fact a natural "aspiration." The passage of these fluids through the tubes into the peritoneal cavity, results in peritonitis, as it did in M. Guérin's case; but fortunately for that patient the doctor was on hand with his apparatus, and *counter-aspired* them out again, thereby effecting his wonderful cure.

This is philosophy with a vengeance! Is not such stuff enough to shake one's faith in the present generation of Parisian physicians? These views, of course, did not receive the assent of the Academy. On the contrary, they gave rise to a scene very suggestive of other Academies of Medicine. MM. Blot and Depaul were the most prominent in opposition to them.

May we not, Messrs. Editors, justly claim for America priority in the application of this valuable principle? For have we not in our own Queen City an illustrious sucker, whose suction power far exceeds that of any Frenchman who has so far put in an appearance in this particular ring? One, indeed, whose "aspiration," not limited to the hollow viscera alone, is competent to deal with disease, let it be seated in brain, spinal cord, or wherever it may. But to return to M. Maisonneuve. Another of his pet agents is the caustic *fleche*, composed of chloride of zinc and flour paste. With it he accomplishes many results generally attained by the use of the knife, especially in dealing with morbid growths; and if he is right, why should the practice of certain cancer quacks, the world over, be condemned? Perhaps M. Maisonneuve is open to the criticism, that like them he gives too wide a scope to the application of a remedy of undoubted efficacy and value, when used within certain rational limits. But this is an error to be expected in the conduct of most inventors, whose vision becomes so narrowed down that they are capable of seeing little else beside their own particular hobbies. Thus, while Maisonneuve operates with his *fleches*, another does his operations with an *ecraiseur*, while a third eminent surgeon can not find any limit to the application of carbolic acid; and so they go.

In a case of multilocular ovarian tumor, in the *Hôtel Dieu*, Maisonneuve inserted a number of the *fleches* through the abdominal walls, in a space about equal to half the palm of the hand, for the purpose of producing adhesion there. At each puncture with the bistoury, the fluid of the cysts was seen distinctly to flow. This operation was performed exactly a month ago, and contrary to appearances, for some days after, and my expectations,

she is still living. The resulting slough has left a large opening, through which shreddy masses of the tumor are being daily discharged, of most offensive character. Occasionally a few fresh *fleches* are introduced into the sloughing mass, where they are allowed to dissolve.

Another terrific application of this agent, that I witnessed, was in a case of cancer of the tongue; and as the bistoury was plunged deeply into its substance to make passage for the *fleches*, one after another, to the number of five or six, the sufferings of the unfortunate patient must have been excruciating. A horrible sloughing mass in the mouth is the only result that can be reported at present.

This surgeon's operation for stricture of the urethra is favorably spoken of here. It is performed, I may remind you, with a knife, which slides in a groove on the upper or concave side of a steel sound, this latter being guided to the bladder by a very fine elastic bougie, which is first introduced. The incision is thus made in the roof or upper surface of the urethra.. M. Gosselin, at *La Charite*, practices this method, which is a very high compliment to its author, as a Frenchman is very loth to acknowledge any merit in another, by adopting his practice or otherwise.

Dolbeau, at the *Beaujon*, practices the method of forcible or immediate dilatation, advocated by M. Barnard Holt, of the Westminster Hospital.

M. Gosselin, who is Velpeau's successor at *La Charite*, is another prominent surgeon here. He does not impress me very favorably either. I thought he showed remarkable lack of judgment in a case of severe crushing and laceration of the knee-joint, caused by the passage of a wheel of a heavy wagon over it. After temporizing for some days, destructive inflammation having advanced in it to suppuration, infiltration of the limb, etc., with pyæmic symptoms, he laid the joint open, and inserted three of Chassaignac's drainage tubes in it. A few days more, and that case was finished. And let me add here, that it is no easy matter, by any means, to trace cases beyond the wards, or to get any satisfactory information concerning them, over and above what one sees and hears at the bedside or in the operating theatre.

I have visited the clinics of Desmarres (the younger) and Liebreich—both very interesting. Each has usually a hundred or more patients in daily attendance. The day I was at Liebreich's he extracted six cataracts, performed one needle operation (solu-

tion), two for strabismus, and one for entropion. He is a very cautious and slow operator, with a tremulous hand, and performs iridectomy and the lower flap operation in extraction, while Desmarres omits the iridectomy in his. Desmarres has most remarkably ugly, clumsy hands, badly fitted, one would suppose, for such delicate operations; but, nevertheless, he performs them most beautifully.

In conclusion, Messrs. Editors, I will presume to state the opinion, (implied at the beginning of this, I fear tiresomely, long letter), that with us generally the Paris profession is held in higher esteem than it deserves; and that Paris, as a school, does not possess the advantages we are usually given to believe. Except for the study of cutaneous, syphilitic and ophthalmic diseases, with perhaps studies on the cadaver, I consider London infinitely superior; and even in the specialty of ophthalmology, this city does not present any such field as the Moorfields Hospital; and were it not that our system of education is so absurdly irrational, in the vain efforts made in our schools to cram students with any thing like commensurate benefit, at the rate of seven or eight lectures a day, I should be inclined to the belief that in some of our own cities, the essential branches of a general medical education could be obtained, equal to any the old world affords. For we have men in America who, in point of ability, are not a whit behind the medical teachers of Europe. I am fully convinced from my own observations, that in surgery, at least, American practitioners are fully up with those of France; and in saying this I am but repeating the opinion of so competent a judge as Prof. Gross. Having had less opportunity for forming a judgment of the merits of French practitioners of medicine, I will reserve an opinion on that subject for the present.

T. H. K.

Carbolic Acid.

RIDGEVILLE, O., Dec. 15th, 1868.

EDITOR LANCET AND OBSERVER: Will some of the many readers of the *Lancet* test the powers of *carbolic acid* in typhoid fever, and report the result? The report of Dr. E. Williams, in the last *Lancet*, on the use of this article in *Hypopion Keratitis and other Corneal Affections*, is another happy illustration of the peculiar

control which this substance exerts over ulcerations in general, as well as of its powers as a local anæsthetic. I have used it in several cases of epidemic dysentery of a low grade with the most satisfactory results, and when suitable opportunities arise, shall not hesitate to try its virtues in typhoid fever. I should begin its use, by administering cautiously in frequent doses of one or two grains, dissolved in glycerine or other suitable solvent, and shall be disappointed if it is not found preferable to the *oil of turpentine or copaiba*.

Respectfully Yours,

J. B. HOUGH.

Periscope.

A Resume of Gynecology and Obstetrics for the Year 1868.

By C. D. PALMER, M. D., Cincinnati, Ohio.

I. PESSARIES.—Quite a number of ingenious and useful pessaries have been introduced to the notice of the profession of late.

Dr. Erich, in Philadelphia Medical and Surgical Reporter, for May 30th, 1868, reports the history of an aggravated case of prolapsus uteri of seventeen years standing, treated and relieved by a pessary, an invention of his own. A paper detailing the case, and a description of the instrument, was read before, and met with commendation of the Baltimore Medical Association. This pessary has several features to recommend it; all pressure is taken from the os-uteri; it readily permits of micturition and defecation without removal; the uterus is firmly retained in situ, without pain or uneasiness; all by an external base for support. As no amount of description can convey a definite conception of this pessary, the reader is referred to the original article, where a diagram is represented.

Dr. Ephraim Cutter, of Boston, has recently given to the profession a very valuable pessary, adapted to cases of retroversion. It is "made of hard rubber curved antero-posteriorly, to correspond with the curved axis of the vagina. The uterine extremity is a loop bent backward just enough to receive the convexity of the posterior surface of the neck of the womb, and accurately fit the posterior vaginal cul de sac. Toward the other end of the

pessary, the sides of the loop become fused into one piece, which extends out of the vulva, and bends directly backward into a hook, thus embracing the posterior fourchette and perineum. To the free extremity of the hook is attached a piece of India rubber tubing, about six inches in length, and one-quarter of an inch in diameter. This tubing lies in the furrow between the buttocks, and is provided at its free extremity with a loop, to which is attached a tape or band, which surrounds the pelvis of patient, and completes the apparatus." The special features are, "the elastic India rubber tube, the hooked extremity, and the full anterior posterior cinch."

For a more complete description, and the accompanying diagrams, see the Boston Medical and Surgical Journal for March 26th, 1868.

We notice that Prof. Thomas, of New York, in his new work speaks highly of this pessary; and Prof. Mendenhall, of this city, has lately treated successfully a very troublesome case of retroversion with it, and is pleased with its working.

Graily Hewitt, in the last edition of his work on the Diseases of Women, speaks of a new pessary which he has introduced for anteversion. "It consists of a largish ring bent first into a long oval, and then bent again and again, until it assumes a sinuous outline, and presents on one side two nipples-shaped eminences. These project upward, one on each side of the cervix, and between it and bladder. The upper extremity of the pessary, which is round, fits behind the os-uteri; the lower end corresponds with the ostium vaginæ, within which it lies. The effect of the instrument, when in position, is to give the vagina a wavy outline. It maintains the canal in its proper length, but does not unduly distend it, while it affords support to the roof. The uterus can not fall forward, the instrument forming a kind of cage, and supporting it most effectually."

Dr. Hoffman, of New York, has invented a pessary, made of soft rubber, distended with air, shaped like the pelvic cavity. It is adapted for prolapsus, anteversion and retroversion. We have heard it well spoken of, but it has to stand the objection, which all such pessaries do, of distending the vagina, and impairing its normal tonicity.

Dr. Banning, of New York, doubtless deserves a great deal of credit for the promulgation of his ingenious mechanical ideas concerning uterine versions and flexions, and their treatment by

his means of mechanical support. His articles have been appearing in the Philadelphia Medical and Surgical Reporter during the last two years.

II. SPONGE TENTS.—The range of utility of sponge tents in gynecology is so wide, and so much improvement has been made in the manner of their preparation, that some of the more recent facts concerning them are worthy of being stated here.

All now agree that the sponge is the very best material known for tents, on account of its cheapness, elasticity and flexibility. Sponge assumes the shape of the cervical and uterine canal more readily than any other substance; is more easily retained in position, not necessitating the use of tampon. Its offensiveness is so nicely overcome by preparing with permanganate of potash or carbolic acid, (from 10–15 grs. of *cryst. acid* to $\frac{3}{4}$ of mucilage, into which the sponge is soaked before wrapping), that this objection is entirely overcome. Then the remedial influence of the tent is increased by the acid. Each tent should be made to fit each case, varying thus in shape and size. The general shape should be fusiform and not conical, which latter slips out. It has been suggested to allow the screw depressions and elevations, from the wrappings of cord to remain, in order to facilitate their introduction by a screw-like motion, and also secure their retention. Moreover, they should not project more than one-eighth, or one-fourth an inch from the os. Some cover with cocoa butter. Such are some of the suggestions from Robert Ellis, in Vol. IX, of Obstetrical Transactions, and Dr. Bryant in American Journal of Medical Sciences for October, 1868.

As to their application to uterine diseases, few agents are more generally useful. For a thorough and complete diagnosis in gynecology, they are absolutely indispensable. The local treatment of no case should be instituted, until this means of investigation has been effectually used. In fact, one of our best uterine specialists recommends that each application within the uterus be preceded by the necessary dilatation. The diseases for which sponge tents have been successfully employed, are granular ulcerations, fibrinous infiltrations, and induration of the cervix, sub-involution and hyper-involution of the uterus, constricted os and elongated cervix, flexions, small intra-mural and intra-uterine fibroids and polypoids.

Amenorrhea, purely functional or organic, dependent upon

hyper-involution, chronic corporeal or cervical metritis, or endometritis, by virtue of a local stimulant action, and by their remedial effect over the disease proper, is greatly modified by the use of sponge tents. So, in dysmenorrhea, if functional and neuralgic, or organic, dependent upon a constricted os, elongated cervix, cervical or corporeal inflammation, ulceration or flexions, they change the vitality of the organ, open the os, permit a drainage of secretions, promote absorption of effused products, heal ulcerations, straighten uterine canal, thereby causing a free and painless menstrual flow. In menorrhagia, dependent upon granular erosion, chronic congestion, inflammation, hypertrophy, small fibroids, polypoids, their effect are none the less wonderful. In leucorrhea, which is uterine, dependent upon disease of cervical muciparous glands of Naboth, the sponge tents diminish their hypertrophy and remedy diseased action.

Sponge tents are useful, too, in cases of inevitable abortion, when the expulsion of the fœtus is detained by want of sufficient dilatation, and the hemorrhage is kept up by its retention. Dr. Fordyce Barker, of New York, recommends the sponge tent in order to save blood, to dilate the cervix through the speculum before the third month.

Thus a range of utility so extensive, and for diseases apparently so difficult, as are amenorrhea, menorrhagia, dysmenorrhea, etc., seems problematical; but we are to remember that these are but technicalities to express functional derangements of the uterus, and are really not diseases themselves.

III. UTERINE INFLAMMATIONS.—Prof. T. Gaillard Thomas from an extended field of observation, gives it as his decided opinion that *corporeal endo-metritis* is of frequent occurrence, and is the form most commonly met with in virgins and nulliparæ. This has been a long mooted question. Prof. Byford, of Chicago, than whom no one perhaps has written more to the point concerning inflammatory conditions of the uterus, recognizes the disease in question as of very uncommon occurrence. The former lays down its differential diagnosis, and its special treatment. His remarks are worth remembering. "It may be palliated by alterative and tonic influences, diminished in severity, and relieved of complications by constitutional means; but I have never seen a case thus cured."

It may be proper right here to ask, are there not cases of gen-

nine corporeal endo-metritis, which are being treated for some functional uterine disorder, such as dysmenorrhea, leucorrhea, menorrhagia, metrohagia and like, proving entirely intractable to the various kinds of internal medication, without any suspicion on the part of the attendant of the true nature of existing disease? We think so. There are, perhaps, but few gynecologists who can not recall in their own minds cases, under their own personal observation, which have been imperfectly and incorrectly diagnosed in this particular.

Drs. Budd and Peaslee, of New York, think that the internal use of the bi-chloride of mercury with the comp. tinct. of cinchona, the best medicine for chronic metritis. Sometimes bromide of potassium does good. But Dr. Barker has more confidence in the protoiodide of mercury in two grain doses, combined with sulphate of iron, and sufficient opium to prevent irritation of bowels. He has still more confidence, however, in the injections of hot water into the pelvic cavity. The patient is put into the position for the application of the forceps, a rubber blanket under her, which hangs down into a vessel to catch the water. Then, from fifteen to thirty minutes, several gallons of hot water, as can be borne (vagina can bear more than the hand), are slowly injected by Davidson's syringe against the uterus. It is particularly beneficial in chronic metritis, accompanied with amenorrhea and dysmenorrhea, and should be used prior to the menstrual period, which will be then found to be free and painless. A remarkable change is produced in the surrounding tissues, and an increase of secretion and promotion of absorption of exudation.

An excellent dressing for chronic cervical metritis is,

R.—Potassii Iodidi, ℥ii,
Glycerinæ, ℥ii.—Solv.

Applied by means of pledgets of cotton to cervix through speculum, two or three times per week. If much pain in pelvis, incorporate morphia into glycerine. This is similar to Seanzoni's lotion, and is preferred to Greenhalgh's iodinated cotton. It should be used after all ulcerations; and cervical endo-metritis has been relieved by applications of argenti nitras. tinct. iodin., or chromic acid, and after the parenchyma of the parts, remains enlarged and sensitive.

In the *Leavenworth Herald*, for May, 1868, we notice a strong recommendation for the use of subnitrate of bismuth for ulcerations of os and cervix uteri. After having the vagina washed out

with warm water, a speculum is introduced, the parts wiped dry with cotton, and the bismuth freely applied; also to the vagina, if it is red and sensitive. The applications are to be repeated every forty-eight hours, and only syringe the vagina after an interval of twenty-four hours. The leucorrhœa, it is said, readily yields after two applications, and the ulcerations do not require more than four.

IV. CHLOROSIS.—Dr. Hammond, in the *Psychological Journal*, for July, 1868, makes the novel statement, and brings forward cases to prove same, that chlorosis, heretofore regarded a blood disease, is primarily and essentially a nervous one. He is not entirely certain as to the exact seat of the disease, but believes it to be the sympathetic system of nerves. The changes sometimes occurring in the blood are the result, but not essentially the disease. Moral and mental emotion, and a sedentary life, are the causes; not confined to the female. He presents four cases, having made analysis of the blood in all. In three there was no deviation from the healthy standard, there being present a sufficient quantity of red, and no increase of white corpuscles. In all of these cases *iron* failed to make any impression on the disease; an increase of red corpuscles took place from its use in the one case in which they were defective, but without any improvement in the patient's condition.

Dr. Hammond's treatment is arsenic and strychnia, (ten drops of Fowler, and one-thirtieth grain of strychnia *ter die*) with good results.

V. CARNOMANIA.—Both a very interesting and instructive article under this title, has appeared in the April number of the *Psychological Journal*, by Dr. Chas. F. Taylor, of New York. The word, literally, signifies an insanity of flesh, and is chosen by Dr. Taylor to express that morbid condition often found in women, manifested by a loss of muscular power, generally of lower extremities; also by hyperæsthesia, spinal irritation (so-called), hysteria, etc. Cases of bed-ridden females with inability for muscular function, as standing and walking, without any organic disease in any portion of system, are a type of one form of the disease. With them there is a condition of defective consciousness of the part affected.

A type of another form of the disease is seen in those who have

muscular hyperæsthesia ; if of back, it is called spinal irritation, and often treated as a genuine spinal affection, much to the annoyance and torture of the patient, and aggravation of all of the symptoms. Here, then, is a condition of increased consciousness of the affected part. Both forms are to be recognized as a real, and not an imaginary disease. In the first the patient "has exercised all the power she was conscious of, and when consciousness was increased, as it was in time in using the muscles, she was in a normal condition again."

"Can any sane man suppose that a person with every thing in life to live for, and all contributing to her happiness, will voluntarily renounce them all for the purpose of deceiving her friends with the idea that she is helpless? Yet this is the plain influence of the ordinary sentiment surrounding these cases."

The cause of carnomania is nervous exhaustion, and is found in females of "large and active brains, cultivated intellects, with energy which cares little for bodily toil entailed by effort of impulsive benevolent organizations. If the individual be naturally religious and over conscientious, the conditions are complete." "The patient first forgets, and then loses control of herself."

Carnomania is distinguished from locomotor ataxia by the ability the patient possesses in the former, of moving her limbs when in a lying position.

Paralytic carnomania may manifest itself in any part or organ of the body, and may take on the form of paraplegia.

The treatment consists in a correction of the consciousness to direct attention to and increase it, in the one case, and, on the other hand, to divert attention from and diminish it, in the other.

Dr. Taylor's mode of treatment is largely mechanical. This article is written in his characteristic forcible style, and will more than repay its perusal by every physician.

VI. CIMICIFUGA.—Dr. Adolphus, in the Philadelphia Medical and Surgical Reporter, for April 18th, 1868, speaks of the saturated tincture of cimicifuga as a valuable parturient, exciting uterine contractions, at the same time softening and dilating the os and cervix. In its effects it lasts longer than ergot, and is also milder.

It has been likewise recommended in amenorrhea in functional form in girls, even when the disease has been of very long duration.

It is useful in the various aches and pains attending hysteria, and the climacteric period of life; also for the back ache from uterine disease and dysmenorrhea.

VII. *Gossypium*.—Some regard the action of this medicine as a parturifacient and emenagogue superior to ergot, being sure, speedy and safe in difficult, painful and protracted labors, and also controlling the irregularities of females, and alleviating their peculiar monthly suffering.—*Medical and Surgical Reporter*, September 5th, 1868.

VIII. *Chlorate of Potassa*.—Dr. Simpson first suggested the use of chlorate of potassa as a preventative of abortion, on the ground that it would add oxygen to the system, for the restoration and arterialization of blood.

Fordyce Barker says: "Whether the theory be correct or not, the clinical fact of its value I am thoroughly convinced of." The administration of the medicine in those who have had habitual abortion, has been to increase the motions of the fœtus, and such remarked the feebleness or absence of motions when the medicine was suspended.

IX. *Cancer of the Uterus*.—Spencer Wells, in the *British Medical Journal*, January 18th, 1868, speaks of Dr. Attie's favorite treatment for this disease. Arsenic in small doses long continued given internally, while locally, a lotion composed of one drachm of iodine and iodide of potassium each, dissolved in two drachms of glycerine, is applied by brush two or three times per week over cervix and the growth.

Greenhalgh gives iodoform in doses of from 3-5 grs. ter die, and uses at the same time, locally, suppositories of the same, 1 gr. to 1 ℥j of cocoa butter.

Dr. Eastlake, of London Obstetric Society, has a treatment nearly similar. Those who have used iodoform in cancer of the uterus, have found it, to say the least, an efficient palliative, producing marked diminution of pain and discomfort. It is sometimes combined with iron.

Dr. Routh administers one-sixteenth of grain of arsenious acid with three grains of ext. conium three times per day, and applies locally five min. of bromine with fifty min. of spirit of wine on piece of lint retained by other pledgets of lint, and allows to re-

main forty-eight hours, dressing the parts with tannin and glycerine after the slough has come away.

X. BROMIDE OF POTASSIUM.—This valuable preparation has an extended field of utility. The diseases for which it is now known to be adapted, and in which with its use the gynecologists and obstetricians can place reliance, are:

1. Dysmenorrhea, chiefly functional and ovarian.
2. Uterine Hemorrhage, dependent upon fibroids.
3. Functional Menorrhagia.
4. Nausea and Vomiting of Pregnancy.
5. Puerperal Convulsions and Mania.
6. Hysteria, and the various Nervous derangements attending Uterine diseases.

It can not be depended upon to effect any material change in uterine or ovarian tumors, or inflammations attended with structural changes.

XI. NAUSEA AND VOMITING OF PREGNANCY.—The treatment of this disease is too often empirical, without any attempt being made to investigate the peculiarities, or exciting causes of each individual case. Dr. H. R. Storer has made some good suggestions in reference to this matter. If the uterus has abnormally descended, or become misplaced, he makes use of Meigs' ring or Hodge's pessaries; if cervical congestion, the local use of glycerine; if erosion, the nitrate of silver; if hemorrhoids, ascarides, anal fissure, they receive their appropriate treatment; if too great pressure on breast, and irritation of, especially the nipples, acting tertially upon stomach through the womb, the indication is clear.

There can be no doubt that some of the most obstinate cases of vomiting of pregnancy, resisting the whole catalogue of gastric sedatives and the like, have been benefitted by local treatment alone.

XII. ABSORPTION OF FIBROID TUMORS OF THE UTERUS.—At a recent meeting of the London Obstetric Society, Dr. Playfair stated that there was a similarity between uterine fibroid tumors, and the uterus itself, in structure, and that the occasional spontaneous absorption of the growths, was due to the same process

of fatty degeneration which took place in the uterus following delivery.

Several of the members, Drs. Barnes, Spencer Wells and Greenhalgh, concurred in the opinion that medicines had little or no effect in their removal. Spencer Wells had some faith in the chloride of calcium given internally for a long time; but regarded it as a dangerous remedy, producing a condition of general aetheroma of arteries, which is to be dreaded more than the original disease itself. Dr. Barnes thought cases reported as cured by medicine, were errors in diagnosis.

Three signs are necessary to determine a uterine fibroid, viz: increased length of the uterus, detected by the sound; tumor being a part of the womb itself; and both together mobile.

XIII. DIAGNOSIS OF DISEASES OF RECTUM.—Dr. H. R. Storer, of Boston, makes use of a method to explore the rectum of women, which he regards as original with himself. It consists in the simple procedure of introducing the index finger into vagina, and pressing backward and outward on the posterior vaginal wall, everting, thereby, the recto mucus membrane. Sometimes, he states, it is necessary to rupture the sphincter ani with the finger before eversion can be effected, when the rectum and anus are irritatively and spasmodically affected. He thus entirely dispenses with the use of the anal speculum. With the finger in the same manner in the rectum, the vagina can be everted, a method of great utility, sometimes, in facilitating the withdrawal of pessaries from the vagina, and also hastening the birth of child's head when delayed on the perineum.

Dr. Storer has two articles on this subject, to be found in American Journal of Obstetrics.

XIV. DIET OF PUERPERAL WOMEN.—Fordyce Barker, in a recent discussion before the New York County Medical Society, took the ground that the best diet for puerperal women was the one to which they were accustomed, and should be as generous as could be assimilated, a view certainly contrary to that laid down by authorities of to-day, such as Tyler Smith, Churchill, Hodge, Meigs, Cazeaux and Ramsbotham, but similar to that entertained by Denman. He advises the early administration of a broth, and afterward a full diet, including meat. Patients and nurses often object at first, through prejudice, but soon become ardent sup-

porters of the plan. Milk fever is thus much less frequently seen, and so in reference to the irritability of nervous system.

XV. TREATMENT OF ABORTION.—The treatment is resolved into cases preventable and non-preventable. In the former, so judged by the cervix retaining its normal length, shape and hardness, it is advised: 1st. Absolute rest of body and mind, and 2d. Opium, either by mouth or rectum. The latter is preferred in form of injection with laudanum or suppository.

The internal use of astringents are not reliable. The tampon is now of decided injury, and will provoke expulsion of the ovum. But if the abortion is inevitable, as determined by a soft cervix open os, rupture of membranes, and protruding of ovum, the indications are to facilitate the removal as soon as possible. Of course, opium is contra-indicated, for it suspends pain and uterine contractions; and so with ergot, unless the os is well dilated. Besides, ergot has little effect over the uterus in the early months of pregnancy, and when it does, it causes partial and irregular contractions, which rather detain than help the expulsion. Hemorrhage is now to be feared and looked after; and if it is at all profuse, use the tampon, and let it be applied within the cervix. The compressed sponge introduced within the cervix, by means of a speculum, will dilate the parts, as well as act as a hemostatic. Barnes' dilators are efficient tampons during the later months. After plugging give an enema of turpentine. Usually, both the tampon and ovum are expelled together. No part of the placenta should be left to remain. It may be allowed to remain longer than in natural labor; but usually not more than six or eight hours should elapse; and if necessary to assist in its removal, use the dilators of Barnes, and the hook.

Such is the treatment advised by Fordyce Barker, reported in *New York Medical Gazette*, for February, 1868.

XVI. TREATMENT OF PLACENTA PRAEVIA.—Dr. T. G. Thomas, in the *Obstetric Journal*, May, 1868, states the indications in placenta praevia to be: 1st. "To alter the state of affairs at the cervix, so that dilatation may occur without hemorrhage; and 2d To render a gradual dilatation unnecessary."

For the accomplishment of this purpose the means are, for the former:

"1. Distension of the cervix by bags of water.

- "2. Evacuation of liquor amnii.
- "3. Partial detachment of placenta.
- "4. Complete detachment of placenta.
- "5. The tampon or colpeurynter.

For the latter :

- "1. Ergot.
- "2. Torsion.
- "3. Forceps.
- "4. Craniotomy."

NOTE.—(In this resume it has been my intention to make use of nothing that has been published before in this journal, at the same time to select such material as has been tried, is now considered worthy of reliance, and is really practical. With this plan in view, the article is necessarily very incomplete, and ill-represents a resume of the progressive branches of medicine, gynecology and obstetrics during the past year. With the permission of the editor of the *Lancet*, at least another article will be given as an addition to this.—C. D. P.)

Editor's Table.

THE NEW YEAR.—The delightful Elia says, "the birth day of a new year is of an interest too wide to be pretermitted by king or cobbler. No one ever regarded the first of January with indifference. It is that from which all date their time, and count upon what is left. It is the nativity of our common Adam." With us, as journalists, it is the beginning of a new season of work, one of the mile stones marking the regular divisions of life's task. We naturally look back with complacency or regret, perhaps with mingled feelings of both sorts, and fortify ourselves with good purposes and determinations for the future. Some one has said, that even if our resolutions be faithless, yet we are the better for making them.

We can not believe the *Lancet and Observer* has been either unwelcome in its visits to a great many hundred offices throughout the country, or unprofitable; and with the experience of the past

decade, and the help of our friends, old and new, we mean that it shall continue both welcome and useful. So far as we know how, we mean to make it as attractive in all respects, as is possible.

Few medical journals are so largely composed of original contributions; indeed, our supply of Essays, Correspondence, Hospital Clinics, Special papers on the Eye and Ear, etc., have been such as to exclude much valuable matter that we should like to cull from our exchanges. In this latter respect, we hope hereafter to meet a deficiency by having prepared summaries of the most important contributions to the various departments of medicine. Thus, in the present number, Dr. Palmer has prepared a resume of recent matters in *Obstetric Medicine*. These we expect to follow with similar reports on *Surgery* and *Practical Medicine*. Our reports of Hospital Clinics and Proceedings of Medical Societies will continue to be prominent features of the journal, so that, in a word, we shall aim to make this journal most thoroughly acceptable to the profession, who have so long and so kindly taken care of it. To one and all a *Happy New Year*.

INTRODUCTORIES.—Several of these annuals have come to hand with unusual attractions. The Introductory before the class of the Medical College of Ohio, by *Prof. Theoph. Parvin*, comes to us in most beautiful dress, well worthy of the elegance and classical character of the matter. The topic is the *Subjective Utility of Medicine*, which we noticed somewhat fully at the time of its delivery at the opening of the session. Dr. Parvin, alluding to the remark of Coleridge, that "the memory of my mother is a religion to me," closes with the following earnest expression to the class: "My profession is a religion to me, binding me as if with chains of adamant to the True, the Good and the Beautiful, so that all three blend together in my nature; and mine shall be a higher reach of intellect, holier views of duty, a more loving gentleness, and an ampler charity in feeling, thought, word and deed—a life growing, day by day, more noble and generous, and more truly consecrated to 'Christ's work.'"

PROF. J. A. MEIGS inaugurated his first course at the opening of the Jefferson College with a very superb address. His topic has reference to his general subject, "Correlation of the Physical

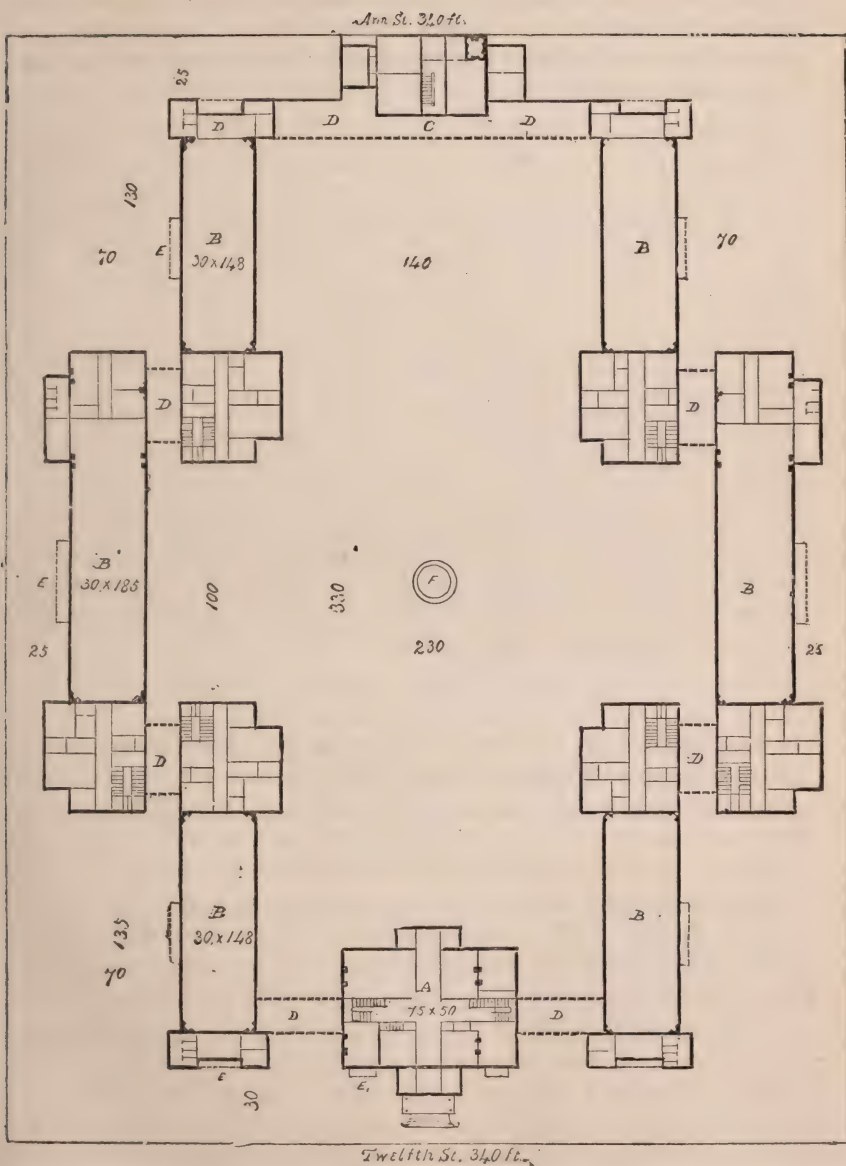
and Vital Forces." There is enough of the popular to make it acceptable to a mixed professional audience, and enough of the mature to mark the scholarship of the author. Beyond this we can not go now, without giving a more lengthy review than we have time or space.

IN MEMORIAM.—*Isaac Barton*, is the title of an Introductory, by Rachel L. Bodley, Prof. of Chemistry in the Women's Medical College at Philadelphia. It is a proper and well-prepared review of the life of one of Philadelphia's benevolent men, giving especial notice of his benefactions to the enterprise of the Women's College, and his persistent labors in its behalf. Miss Prof. Bodley is one of our Cincinnati girls, and we feel gratified to believe she is doing a good work—albeit we do not stand committed to *women doctors*.

In this connection, we also note addresses on our table by Dr. John P. Gray, of the New York State Lunatic Asylum, delivered to the New York State Medical Society; one, his Inaugural Address as President of the Society; the other, the annual Address, both delivered in February last. The annual Address is an able paper on Insanity and its relations to Medicine, a subject for which Dr. Gray is well fitted to treat, from his long-time devotion to this special field of study.

THE CINCINNATI HOSPITAL is at length so far complete, that it will be occupied by patients before this number of the *Lancet and Observer* reaches our readers. We shall not be able this month to give an account of the opening exercises, but we give a very complete illustration of the ground plan of the structure, with some details that we think will be of general interest.

The Board of Trustees of the Commercial Hospital, by act of the Legislature authorizing the city to issue bonds for \$500,000, with which to build a new hospital edifice, in connection with a committee of three from the City Council, were constituted a commission to take charge of the construction of the same. There are seven Trustees, viz: Messrs. John Carlisle, B. F. Brannan, F. J. Meyer, Dr. David Judkins, Dr. J. J. Quinn, C. F. Wilstach, Mayor, and Henry Weist, oldest member of the Directors of City Infirmary, by virtue of their offices. The first five are appointed as follows: One by the Governor of the State,



two by the Judges of the Superior Court, and two by the Judges of the Court of Common Pleas of Hamilton county—their term of service being five years each, and the term of one member expiring each year. The Hospital Committee of the City Council is now composed of Messrs. C. S. Schultz, Thomas Smith and A. H. Hinkle.

Plans for the Building.

As the first step to be taken, the Board offered three premiums for the best three plans that might be submitted to them for adoption. The first was \$1,200, for the most acceptable plan; the second, \$800 for the next; and \$500 for the third. In due time four plans were submitted, which were thoroughly examined, and the first premium was awarded to Mr. A. C. Nash, an architect who has recently located in our city, and produced some designs that have been greatly admired by builders and others. The other two premiums were awarded to other architects resident here. Each of their plans had merits, and were creditable to the artists who drew them; but on the whole they were regarded as not so desirable as the one adopted. The plans of Mr. Nash have undergone some slight modifications, at the suggestion of different members of the Commission, but not in any way to effect the original features of the design.

The drawing herewith is of the first or main floor of the building, by means of which the reader obtains a pretty good idea of the outward appearance and internal arrangement of the Hospital, which is agreed by all to be a magnificent ornament to the city, as well as a most useful, humane and much needed institution.

Eligibility of the Location.

Before referring to the plan we will say, that the somewhat central location of the old Hospital was deemed by the Commission more desirable than to have gone into the suburbs of the city, for more room and better air, even if they could have done so. Applicants for admission to such a hospital are generally patients who have been struck down suddenly with violent and dangerous diseases, or the victims of accidents, whose sufferings are painful in the extreme, and the less transportation they have to endure the better. For the convenience of visiting physicians and the attendance of medical students from the various colleges of the city, at the clinical lectures and operations in the hospital,

it is also advantageous, almost necessary, to have it centrally located.

The lot on which the hospital stands is a parallelogram, 448 feet long on Plum street and Central Avenue, its eastern and western lines, and 340 feet wide on Twelfth and Ann streets, its southern and northern lines; so that the building is entirely isolated from other property, and obtaining light and ventilation from every quarter. The canal on Plum street is a little objectionable now, but before many years it will undoubtedly be filled up, and made an extension of Eggleston Avenue all the way to Brighton, becoming the finest boulevard in any American city.

Twelfth Street Front.

The front of the building is on Twelfth street; we say building, regarding the structure as a whole, though in fact it is composed of a series of eight almost wholly disconnected parts, and not one compact solid edifice. Several advantages are secured by this arrangement; first, better ventilation; second, greater security from conflagration; and third, more architectural beauty and effect. But these several divisions are so arranged, bordering the four sides of the square, twenty-five feet from the pavement at their nearest points, as to present the appearance of unity, and at a little distance they seem like one immense edifice.

On Twelfth street, midway between Central Avenue and Plum street, stands the head or central portion of the structure, termed the Administration Department, marked A. It is a building 75 feet front by 50 feet deep, with a main entrance and hall in the center. This administration block contains on the first floor, rooms for the Superintendent and family, reception rooms, apothecary and dispensary, resident physician, library and pathological museum. The basement contains rooms for storing and examining drugs, a laboratory, family and officers' dining rooms, bath rooms, laundry and drying chamber, family kitchen, cellars, etc. In the second story are the Trustees room, sleeping rooms for Superintendent's family, and private wards for pay patients.

Operating Lecture Room.

In the third story is the operating theatre, with seats for 750 students. This room is lighted mainly from the roof. In connection with the theatre is a room for operators, instrument room, bath and lavatory, rooms for patients before and after operation. There is also a lift communicating with each story below.

Descriptive References.

A—Administration Department.

B—Isolated pavilion, or wards.

C—Kitchens, boilers, etc.

D—Open corridors.

E—Balconies.

F—Fountain in the center park or court, which will be kept in grass, with curved walks from side to side, and end to end.

The figures in the drawing indicate the dimensions in feet of the several departments.

The pavilions are designed for three stories. The wards in the central pavilions are calculated for thirty-six beds each, and the remainder twenty-four beds each, making about six hundred in all, the wards being so located as to secure a direct current of air through them. At one end of the wards are rooms for the physician and nurse, with water closet, kitchen, pantry and fuel, and convalescent dressing rooms, linen and clothes rooms, patients' lifts, dumb-waiter and foul linen shoot. At the other end of the pavilion are water closets, slop sinks, bath and lavatory. These rooms have a direct ventilation through them, and a downward draught in connection with the main chimney stack. At one end of the central pavilions are private rooms for pay patients. The basement of the pavilions are devoted to accident and temporary wards, dormitories for domestics, coal depots, store and baggage rooms, etc.; also in the basement there is a railway for the conveyance of the sick, and for distributing coal, food, etc., to the various lifts.

The central building on Ann street contains the kitchen, bakery, servants' hall and dormitories, engine room, porter's lodge, post-mortem room and a mortuary.

Patients will be taken into the hospital on Ann street, near Central Avenue. Visiting physicians will, also, generally enter here, as it is intended to erect a neat carriage house and stable on the line of Ann street, some distance from the kitchen, for the safety of their horses and buggies.

The whole establishment is heated by steam—in the wards, by means of coils of pipe in heated air chambers—in the basement, in the halls by means of direct radiation from steam tables or radiators.

Corridors connect the various buildings. These corridors are

intended to be open in summer for the free circulation of air, and they may be closed in winter.

Elevation and General Appearance.

The walls of the whole edifice are brick, belted at each story with sandstone work, the door and window openings being ornamented with the same material. The central building has the appearance of four stories above the basement, on account of the height of the lecture room in the third story; the pavilions are but three stories above the basement. The lecture room is surmounted by a dome and spire reaching 110 feet from the pavement. Each of the outer ends of the pavilion is surmounted by a turret, for ornament and to promote ventilation. The top stories all around are finished in French style, with Mansard roof of slate.

The whole square is surrounded by an iron fence, standing on a substantial but neat stone foundation.

The Staff

Of the Cincinnati Hospital, at present, is as follows:

Surgical—W. H. Mussey, W. W. Dawson, H. E. Foote, Wm. Clendenin.

Medical—C. G. Comegys, Jno. A. Murphy, Jno. Davis, J. F. White.

Obstetrical—George Mendenhall, M. B. Wright.

Ophthalmological—E. Williams, W. W. Seely.

Pathologists—Wm. H. Taylor, Roberts Bartholow. (Wm. Carson, *pro tem*).

These gentlemen are on duty three months at a time, alternating, and giving clinical instruction during the sessions of the medical colleges. It is further proposed to give the clinical teaching, hereafter, daily, which will greatly add to its importance and value to the student.

SMALL-POX IN CINCINNATI.—We observe that variola is prevalent, at various points, to an unusual extent. Thus, we see that it has been epidemic in San Francisco to an alarming degree. In the five months, ending with October, there had been 260 deaths in that city from small-pox, and the disease was pronounced increasing at the rate of ten per cent. In this city it has prevailed as an epidemic for some months past, and is still prevalent to an

unusual degree; but we believe it to be steadily under the control of the usual means for its prevention and treatment; indeed, the fatality has not been remarkable. Again and again, during the past few months, the positive and complete efficacy of vaccination, as a complete preventive or protection, has been exhibited.

RECITATIONS IN MEDICAL COLLEGES.—We shall undoubtedly come, by degrees, to very important changes in our plans of medical teaching in this country. The growth and age of the country will materially facilitate these desirable revolutions; but they can only be reached by degrees. Many of the proposed changes are worthy of attention, and will doubtless come, step by step, to be engrafted on our present system. Thus, most of our respectable schools have lengthened out the term of the session—from three and a half months of actual teaching, to about five months.

A few years ago it was not out of the way to have a faculty of six professors; our best schools now quite uniformly number from seven to ten. These additions add materially to the efficiency of the course, enabling the teachers to present a fuller and more thorough plan of instruction. Then, again, *clinical instruction* is now made a more prominent feature of all our best schools, so that those schools, which are not situated so as to give the prominence due this important part of medical education its place, become second rate. We call up these steps, by way of reminder to those carpers who whine that we are stationary in medical teaching in this country. Now about modes of imparting instruction: Some of our friends urge that the details of literary *grading and recitation* should be introduced into our medical schools. We are glad that these points are being urged and agitated. By and by, we shall come to these advance steps with many others of importance. In the Miami Medical College, of this city, considerable attention is given to systematic recitations, and we presume other schools pursue a similar course. Thus, about one-third of the hour is occupied in a review "quiz" of the previous lecture, or one evening in the week is thus set apart. With us, in addition to these regular examinations, there is a private course of examinations conducted by the adjuncts chiefly, which gives a further and complete review of the course as it progresses. As country grows older, there will continually be thrown about

the profession guards and obstacles to its entrance, and more and more, the requirements will be *made thorough and exacting*. This is already the tendency, and it will become more marked every decade. What we now need is an increase of professional capacity, and a diminution of numerical strength.

LAMPLIGHTERS.—Our thanks are due the authorities of the Eclectic "University of Philadelphia," for a large supply of their annual circular. They have made us a good stock of most excellent lamplighters; the peculiar character of paper, or some resinoid medicinal addition, seems to ignite with beautiful facility.

AN INTRA MURAL FIBROUS TUMOR REMOVED FROM THE ANTERIOR WALL OF THE UTERUS.—Prof. Byford, of Chicago, has recently performed a delicate operation of this character, which he reports in the *Chicago Medical Examiner*. The tumor was fibroid, oval in shape, and after removal weighed 20 oz. Was five inches and a half long, four and three-quarter inches broad, and four and one-quarter thick. The operation consisted in Baker Brown's process of enucleation. It was successful, with little loss of blood or exhaustion, and speedy recovery.

THE CENTAL OHIO LUNATIC ASYLUM, at Columbus, was recently destroyed by fire. A number of the poor unfortunates were destroyed by the terrible disaster, and some of those familiar with the details, reflect severely upon the mismanagement of the authorities of Columbus, especially the Fire Department.

NEW YORK MEDICAL GAZETTE.—We are notified that this valued weekly exchange has met with a second suspension, owing now to the failure of the printer to meet his engagements. We trust this suspended anima on will respond speedily to "The Ready Method," "carbolic acid" or some other cure-all. In this part of the continent there is no great trouble to get the printers to do good service; the difficulty is the other way—where to get the requisite postage stamps.

SPRING COURSE OF LECTURES.—A course of Medical Instruction will be given in the Miami Medical College, commencing March 10th, and continuing three months, or about the middle of June.

Lectures will be given as follows :

<i>Anatomy</i>	C. P. JUDKINS
<i>Physiology</i>	W. K. PERRINE
<i>Diseases of Women</i>	C. D. PALMER
<i>Physical Diagnosis and Diseases of the Chest</i>	J. L. CILLEY
<i>Chemistry</i>	C. P. DIVAN
<i>Obstetrics</i>	S. J. F. MILLER
<i>Materia Medica</i>	E. B. STEVENS
<i>Eye and Ear</i>	A. D. WILLIAMS
<i>Pathology</i>	J. C. MCKENZIE
<i>Surgery</i>	THOS. H. KEARNEY
<i>Diseases of the Skin</i>	J. L. NEILSON

There will be four lectures each day, so arranged as to give the student abundant opportunities for *dissecting*, and attendance on the *hospital*.

The Fee will be \$20. Material for dissection at cost.

There will be Regular Clinics in the new Hospital.

THE AMERICAN JOURNAL OF OBSTETRICS comes to us, for November, increased by *thirty-two* pages, so that it now gives 128 pages quarterly, for \$3. It has excellent articles, in the number before us by Prof. Elliot, Prof. Hammond, Prof. Storer, Dr. Snelling and others, together with the usual miscellany. It is beautifully printed.

ERRATUM.—On page 725 of the last *Lancet*, the sixteenth line from the top should read, "If 4 c. c. was used, there was 2.5 pr. ct."

TO OUR PATRONS.—We are carefully culling our subscription list. To our mortification we find a sad accumulation of delinquencies, at least \$5,000. We commence the relentless task of pruning, and if a good many of our old friends cease to receive the *Lancet and Observer*, as they will, they will understand why.

Reviews and Notices of Books.

Lectures on the Study of Fever. By Alfred Hudson, M. D., M. R. I. A., Physician to the Meath Hospital. Philadelphia: Henry C. Lea, 1869.

Hudson on Fever, is a volume made up from a course of lectures originally delivered in Meath Hospital. It was selected as the reprint for the supplement of the *Medical News and Library* of the past year, and its excellencies are, therefore, already made familiar to the readers of the *American Journal of Medical Sciences*.

This is a very excellent book. The dozen or more pages of the introductory chapter alone, in its excellent suggestions for the study of disease, are of enough worth to justify its purchase.

The successive chapters of this monograph are an elaboration of the idea, firstly, that fever results from the operation of a specific poison; that this toxic action is first upon the blood, and from thence to the nervous system, especially those nerves connected with the heart, lungs and stomach; thence we observe disintegration of tissue as manifested in increased heat, derangements of secretion, accumulation of the products of disintegration in the blood, and, finally, the phenomena of elimination and of crisis. We say the several chapters of the book are essentially made up of an elaboration of these views, while in the appendix we have the details of many hospital cases, intended to illustrate the opinions and teachings of the body of the context. We could not but feel in examining this book, that its usefulness and force would have been increased, if the matter of the appendix had been duly incorporated with the current chapters, thus constituting, perhaps, more properly a clinical work. For sale by Robt. Clarke & Co.

Diseases of Children. A Clinical Treatise based on lectures delivered at the Hospital for Sick Children. London. By Thomas Hillier, M. D., London, Fellow of the Royal College of Physicians, etc. Philadelphia: Lindsay & Blakiston, 1868.

The book before us differs somewhat from its predecessors, which treat of the diseases of children. The author is physician to a

London hospital for sick children, and to some extent this is the published series of his clinical lectures; but it is something more, the materials of this clinical course are expanded by the addition of various material, so that it has many of the mature excellencies of a systematic treatise, while it presents the pleasant freshness of the clinic. The chapters of this book give a satisfactory review and consideration of the various diseases incident to childhood, not infancy, except surgical diseases; and as the author progresses, he presents hospital cases, which serve emphatically to fix the character and therapeutics of each case, or group of cases. For sale by Robert Clarke & Co. Price, \$3.

The Medical Formulary. By Benj. Ellis, M. D. Twelfth Edition revised by Albert H. Smith, M. D., etc. Philadelphia: H. C. Lea, 1868.

Ellis' Formulary is too well known to require extended notice. It has reached a twelfth edition, and is thoroughly revised. We find in it classified prescriptions of many of the most eminent American physicians; dietetic suggestions; antidotes for poisons, with directions for endermic medication; the use of ether and chloroform; and various pharmaceutical observations. The busy practitioner will find it an exceedingly convenient book for hasty reference. For sale by Robert Clarke & Co. Price, \$3.

The Transactions of the American Medical Association, for the meeting at Washington, May 5, 6, 7 and 8, 1868. Instituted 1847, Vol. XIX. Philadelphia: Printed for the Association. Collins Printer, 705 Jayne street, 1868.

The minutes of the last meeting of the American Medical Association were given in full in this journal. With the appearance, therefore, of the usual volume of transactions, it only remains to indicate to our readers the character of the reports and essays which are embraced in its table of contents. That which is prominently noteworthy is, that while the association was in session, industriously for nearly all of four days, the volume is among the smallest which has been issued. We should dwell more complacently upon this acceptable result of the labors of the Publishing Committee, were it not that some wicked editor has coupled this

with the poverty of the society's treasury. The reports of the several Committees on Education, Literature, and, perhaps, some others are of so much interest and value, that we shall endeavor to recur to them again as topics for special editorial reflection, particularly as it seems to us, the suggestions of the report on Medical Education, afford the basis for greatly improved plans when we reach their practical application. The reports on Climatology, Epidemics, Meteorology, etc., are carefully prepared, and become valuable for permanent reference. Several papers appear from the sections of Anatomy and Surgery that are of much practical interest; for example, Prof. Sayre's plan of treating club foot without tenotomy; Dr. Elsberg's treatment of syphilis by hypodermic medication; and Prof. Eve's plan for the safe and effectual operation for radical cure of varicocele. The report on Necrology, by Dr. Cox, is full and interesting, and will hereafter afford valuable material for the medical biographer.

As our readers are aware, the next meeting of the Association will be held in the city of New Orleans in May, 1869.

A Hand Book of Vaccination. By Edward C. Seaton, M. D., Medical Inspector to the Privy Council. Philadelphia: J. B. Lippincott & Co., 1868.

This is a very timely little book, when at so many points over the country variola is an epidemic; and especially is it timely in view of the loose notions which many physicians seem to have in regard to vaccination and its protective influence over small-pox. This little work treats in the introductory chapters of the cow-pox, the horse-pox, as well as certain forms of pox which appear in other animals, and which appears analogous to the cow-pox. The relations of cow-pox to variola, of vaccinating, the maintenance of the lymph supply, re-vaccination, objections to vaccination, etc., are the topics of additional chapters. Altogether, Dr. Seaton has produced a readable book, and the matter well digested and condensed. For sale by Robert Clarke & Co. Price, \$2.50.

Business Notices and Acknowledgments.

NEW BOOKS.

HUDSON—Lectures on Fever. H. C. Lea.

HANCE—Compend and Formulæ. Hance, Griffith & Co.

DR. FUMOUBE—Thèse de la cantharide officinale.

ANNUAL REPORT of the Surgeon-General U. S. Army.

WATSON & CHAPMAN—Cod Liver Oil and Pyrophosphate of Iron.
Caswell, Hazard & Co.

LITERARY.—*Golden Hours* is the title of a new magazine for the young people, published by Hitchcock & Walden of Cincinnati. It is on the general plan, as to size and style, of *Our Young Folks*. When we say still further, that it is under the editorial care of that versatile scholar and pleasant christian gentleman, Dr. I. W. Wiley, what more can we say? Price, \$2 a year.

The Ladies' Repository, under the same editorial and publishing care, we should say in this connection, appears January, 1869, in a new and elegant dress, and with the new feature of copious illustrations.

WANTED.—*London Lancet*.—To complete our files of the American reprint of the *London Lancet*, we want Sept. '65, January '67, and June, '68. If any of our friends have these numbers, and do not care to preserve them, we should be under obligations, and gladly pay first cost for them.

WANTED.—All the numbers of the *American Journal of Medical Sciences* for 1863. If any one has these numbers, and will dispose of them, we wish they would address us. Also the July number for 1864 of the *American Journal*.

FOR the most elegant clothing, go to Sprague's, Cor. Vine and Fourth.

BRACHMANN & Co., Nos. 149 and 151 West Third St., have by all odds the most complete stock of liquors in the West, and physicians can depend on getting articles as they are represented to be.

THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D. EDITOR.

VOL. XII.

FEBRUARY, 1869.

No. 2.

Original Communications.

ART. I.—*Digestion.*—*Accessory Articles of Diet.*

A Lecture delivered at Charity Hospital Medical College, Cleveland, Ohio, October 16th, 1867, by D. A. MORSE, M. D., of Midway, Ohio.

GENTLEMEN: "Every organized body possesses the inherent characteristic of being able to carry on a series of operations essential to its existence, and which have for their end and object its growth and development."

All life is activity. Every where in nature we behold motion and activity, proclaiming living organizations in an infinite variety of forms, vivified and perfected alone by this provision, without which they cease to be nourished: the vital flame no longer fed, flickers a while, then fades away.

Life has from all ages been likened to a *flame*; and how fit the comparison since this flame is supported but by that never ceasing struggle, within us, of nature to consume these elements furnished by her for the renovation and repair of her work. Like a lighted lamp, life burns slower, or more quickly, as we furnish a due supply of fuel, and fan the flame to an increased size, or withhold the influence of the gentle breeze to retard its progress. All life is action, and as we increase or diminish activity, so in like manner vital consumption becomes accelerated or retarded; the store of fuel exhausted or reserved, for those dark and stormy

seasons when nature's resources threaten to become inadequate to meet her demands.

The principles of Divine wisdom are exhibited throughout the extended realms of nature, while activity destroys her works. She labors to maintain their integrity with unyielding energy.

It is no less essential to maintain the integrity of her works, than that the great laboratory, in which so many complicated processes are observed, be warmed to promote the operation of those vital forces which she has designed to be employed.

The subject of to-day's lecture will be, gentlemen, a consideration of those agents which influence the growth and decay of the body; which increase the digestion of food; which facilitate its absorption; which give vigor to the act of assimilation, or building up process; or which hasten or retrograde metamorphose, the wasting and consumption of the material of the body.

The materials presented for digestion are of two kinds, those which are nutritive, and those which influence nutrition.

To make practical and useful, food has, therefore, been divided into two classes, *Complimentary* and *Accessory*. Complimentary food finds its way into the circulation; is assimilated; renews substance; becomes a part of the body itself.

Accessory food does not enter into the composition of the body. It enters the circulation; its action is exerted like that of a drug. It modifies healthy action. It may increase the growth of the body, or arrest it, as alcohol, coffee, tea, pepper, salt and many agents, which in limited quantities are complimentary, but which become accessory when in excess; to which may be added drugs, as opium, etc.

You will learn, gentlemen, before we complete this subject, that none, in all the broad field of medical science, is of greater importance. I desire that you familiarize yourselves with every detail, by a careful and extended research, that the lives intrusted to your care may be better guarded; that you may be able in exhausting diseases to husband the resources of your patient, and enable him to pass safely through them, however tedious and vexatious.

It may be well, before taking up the subject, to prepare your minds better to receive what I shall present by calling up briefly in review, the main points we have passed concerning digestion and food.

During every moment of our lives the body experiences loss

which, if not compensated by the addition of new material, death will be the result. To obviate this difficulty nature has furnished two sensations, which are indicative of the necessity of an addition to the solids or fluids of the body—*hunger and thirst*. The sensation of thirst is referred to the mouth and throat; that of hunger to the stomach.

Are these local sensations? That these sensations arise from some condition of the parts, is true. Thus a little water, permitted to moisten the fauces, will quench thirst oftentimes, or a small portion of food will appease hunger. That this does not satisfy the wants of the system we know, for hunger is appeased before the process of digestion has begun.

The sensation of hunger bears no relation to the amount of food in the stomach. In many diseases, in which there is no digestion, or but imperfect digestion, as in chronic diarrhea, the patient may be gorged with food to his utmost capacity, and yet experience the most intense hunger. This class of patients during the war gave us much trouble. Constantly hanging around the cook's quarters, or the sutler's nest of destruction, they resorted to every means in their power to obtain food. Here was a constant drain from the system by discharges; the stomach always overloaded; the patient always hungry, and yet no assimilation; no repair of tissue. The patient living upon himself until his body was consumed, thus being *burned alive* upon the altar of his country. In a state of health the presence of food in the stomach is the signal for the commencement of digestion. In disease this not taking place, the sensation is not relieved, as is the case in healthy digestion.

Again, the stomach may be empty, with no sensation of hunger manifest. Thus after each meal, when digestion has been completed, a period elapses before hunger is experienced. Some have supposed the presence of gastric juice in the stomach to be the cause of hunger; but as the stimulus of food is necessary to excite secretion, this can not be admitted, and especially since hunger may be alike experienced when the stomach is empty or full of food. When the secretion is arrested of gastric juice, as in chronic diarrhea, the sensation is frequently the most intense of any condition of the body. Lining the walls of the stomach is a multitude of little follicles which food irritates, which then pour out gastric juice. Dr. Beaumont thought that the presence of the gastric juice in these follicles, created the sensation of hunger.

The stimulus must first be present. Does the grain of dust in the eye which produces a flowing of tears, thus cause pain, or does the stimulus produce the pain and flowing of tears? It is no doubt the great sympathetic system of nerves which determine the intensity of the sensation, by indicating the general wants of the system, that these manifestations may be attributed to as a simple exercise of healthy function.

Indigestible food taken into the stomach causes often the outpouring of gastric juice, and hunger is appeased. Agitation of the mind may abolish the sensation of hunger.

Thirst, like hunger, indicates the general wants of the system. This is evident from the fact, that any drain of fluids is followed by a corresponding manifestation of thirst. Loss of blood, copious evacuations, as in cholera, are accompanied by intense thirst, excessive perspiration, drains, liquid from the circulation, which we are inclined to replace by drinking.

In some cases the *odor* of food temporarily appeases hunger. Who has not observed the effects of the odor of food, when in preparation, upon his appetite?

The study of digestion excites an interest exceeded by no other phenomenon investigated by the physiologist. We can be but brief in our review of its chief points.

The father of medicine, Hippocrates, taught that food was digested in the stomach by the aid of heat; that digestion generated heat; *that the stomach was a stew pan.*

Celsus taught that food was reduced by trituration. This was taught by Borelli, Megallotti, Hecquett, Pitcairn, and others. They derived this theory from the gizzard of a fowl, *that the stomach was a mill.* Van Helmont, Sylvius, Willis, Boyle, Grew, and many others, advocated that digestion was a process of fermentation; *that the stomach was a fermenting vat.*

In 1754 Reaumur put forth his work advocating, *that digestion was a chemical process.* Spallanzani developed Reaumur's theory, and in 1772 published his article advocating the theory of chemical solution. In the days of Celsus and Hippocrates the patient was not followed to the dead house that research might be continued.

It is not unaccountable, then, that error prevailed. Spallanzani derived his conclusions, not from observation of the human stomach, but from animals he had opened, and from others he had caused to swallow balls pierced with holes, and containing various

kinds of food. The ball prevented the food from coming in contact with the walls of the stomach. He swallowed some of these balls himself, but pain resulting, he put food in linen and swallowed it. These being voided empty, he concluded chemical action had emptied the balls. He excited vomiting in other cases during different stages of digestion. Thus was laid the ground work of the first true theory of digestion, which all subsequent investigation sustains.

In glancing at the apparatus which nature has furnished to perform the act of digestion, we find a series of glands to the structure and function of which we have already given considerable attention. The salivary, liver, pancreas and other minute glands or follicles, in some portions of the intestines racemose glands. These glands, by means of a canal, pour their secretions into one common receptacle, which is possessed of an expansion termed a stomach, which has an extensive secreting surface. This tube or "alimentary canal" is the only route through which material designed to give nutriment to the body can pass, or find entrance to the general circulation. First within this canal we find a beautiful lining, continuous throughout all its extent, known as the mucous membrane. That which the eye beholds we exhibited to you under the microscope as still another organization—epithelium. This forms a continuous coating over all mucous surfaces, and also, by a slight alteration, the covering of the body. It is packed like stones upon the pavement, or figs within a box. These beautiful cells line all the cavities of the body, coat all the blood vessels internally, form a large portion of all glands and gland ducts. You will readily perceive that a tissue so widely diffused must be one of great importance, and I assure you that a careful study of its growth and function will be of great profit to you. Remak has shown that the formation of glands is consequent upon the increase of epithelial tissue. This Virchow confirms. In the formation of a gland this tissue begins to divide, and again divide, until processes growing inward and expanding form the various glands.

In all glands where we can observe with precision, they derive their peculiarity of energy from the development and transformation of epithelium. These glands create the cell-growths that float in their secretions. We have not time to repeat what we have said concerning this tissue and its functions. We call your attention to but one point, the claims made by Virchow to an

inherent vital power of the cell upon which secretion is dependent. We have shown you how that all secretion is performed by epithelial cells; that though action in the cell is dependent upon the general condition of the nervous system, the cell has within itself an *elective affinity*, a chemical vital action, which must also be unimpaired. Beginning at the mouth, the first glands that attract our attention are the muciparous. These are not concerned in digestion. In health mucous membranes secrete sufficient mucous only to render them moist. In disease it may be greatly increased. It may interfere with digestion by its chemical action being alkaline, or impede digestion by preventing contact with the gastric juice.

The follicular glands are small bodies, the gland structure inclosed in a tough fibrous membrane, which is lined by one more vascular. They have arterial supply and venous. The tonsils are a mass of follicular glands united by this same investing membrane—the sub-maxillary, sub-lingual and parotid form, what are called the salivary glands. The parotid, situated beneath the ear at the angle of the jaw, empties its secretions into the mouth at a point opposite the second molar tooth, by Stenon's duct. The sub-maxillary empties through Wharton's duct, at a point near the frenum linguae. Rivini's ducts are a number of outlets for the gland beneath the tongue.

As we asserted in the previous lectures, that digestion was a chemical process by which the elements destined to enter into the economy are separated from their combinations and prepared for absorption, we find from further study that the first act is that of solution. This is accomplished by the digestive fluids. The first of these is *saliva*. Its quantity is influenced by mental action and nervous vigor, the condition of the system at large.

Human saliva is of a specific gravity of 1,005, colorless, viscid and alkaline. When first ejected it is frothy, and contains minute white floculi. It suspends oil globules and epithelial scales, mucous corpuscles, and the debris of epithelial tissue. Its active principle is called *ptyaline*, and gives it its viscidness; coagulates under the action of alcohol, but not by boiling. The organic matter from the parotid coagulates by heat, hence the whole saliva is rendered turbid by heat.

The principle peculiarity of its chemical composition is, that in saliva alone is found sulpho cyanogen, and no other product of animal creation.

It is important in a medico-legal point of view. It yields the same blood-red color, with a per-salt of iron as meconic acid, which per-chlorid of mercury causes to disappear if sulpho cyanogen. The saliva you perceive to be a mixture of the secretions of the various glands that find entrance to the mouth, and not a simple secretion.

Colin, of Alfort, has proved that only the side performing the act of trituration furnishes saliva in the horse, cow, etc.

Dalton asserts this to be true to a great extent with man. The importance saliva bears to digestion, is the function it performs in converting starch into sugar. Leuchs, of Germany, discovered that boiled starch, at a temperature of 100°F., if mixed with an equal part of saliva, was in a short time converted into sugar. Ptyalin in a dry state retains this power for a long time.

We called your attention to the observations of Bidder and Schmidt made on the condition of saliva, during that period of life when food, *devoid* of starch, is supplied to the animal, and when this converting power is not required. They found that no transformation took place; that the salivary glands of young animals, when applied to starch, are inert—those several days old required several hours for transformation; that when a thick decoction of starch is mixed with an equal portion of saliva of an adult, the transformation into sugar is immediate and complete that very young children secrete no saliva. This explains the great rates of mortality in hospitals for children, where infants are fed upon arrow root, sago, corn starch.

Food should be well masticated, thoroughly mixed with saliva before being transmitted to the stomach, the action of which upon food being to arrest this transformation, which is begun again and completed in the duodenum.

The gastric juice is a clear, transparent fluid, but little heavier than water. It retains its active character even when fungous growths have made their appearance in it. Is not readily decomposed.

Its efficiency is due to two agents, an acid and a peculiar nitrogenous principle, *pepsine*, both of which must be present. The quantity secreted varies with the general condition of the system. Like the sensation of hunger, the energy with which it is expressed indicates the general wants of the system. Bear in mind our remarks concerning the action of gastric juice upon a given amount of food. That it will render soluble but a limited amount.

In disease the secretion is arrested. Food will not excite the flow of gastric juice. Observation has shown that pepsine is present under almost every condition of the stomach. The acid is not secreted. Bulk is essential to healthy digestion. Soups are frequently indigestible to dyspeptics, but more solid food gives them no annoyance. Fluids fail to act as a stimulus. We will discuss this more fully under the head of Accessory Articles of Diet.

The healthy gastric juice is acidified by hydrochloric acid, the probable result of decomposition of the chlorides, although lactic acid is found present, but not under all conditions. Pepsine is much more energetic when the digestive solution is well acidified. The gastric juice acts upon but one class of food, the albuminous, converting it into albuminose or peptones. Peptones are soluble; albumin is not. Aiding digestion of albuminous compounds, is the continuous motion of the stomach, occasioned by muscular contraction. Moderate exercise assists this motion. The stomach does not perform the whole act of digestion. Food is, therefore, transmitted to the intestines that is not digested by the stomach. Of this we have the oleaginous and the starchy. These are disposed of within the intestines. For this digestion we have the pancreatic juice and bile.

Claude Bernard has experimented with the result that oily substances are emulsified by the action of the pancreatic juice, and thereby rendered fit for absorption. This emulsion finds its way into the lacteals. This emulsifying power is readily proved by the fact that oils are converted into a liquid resembling chyle, which is the product of intestinal digestion. The pancreas differs in no way from a parotid gland in structure. Bidder and Schmidt describe its secretion to be a perfectly clear, transparent, colorless fluid of a tenacious consistence, a specific gravity of 1.03, without any organic elements visible in it. It is highly alkaline in its reaction. All observers agree that it has the power of converting starch into sugar. Dr. Bidder asserts that pancreatic juice accomplishes this sooner than saliva. Its action, unlike that of saliva, is not arrested by gastric juice. Its action may be considered to be that of converting starch into sugar, and emulsifying oils. This last is not a chemical, but simply a mechanical process. The oily matters are divided minutely, each particle being coated with the albuminous solution, which prevents their consolidating.

Bernard claimed the power of decomposing fats for the pancreatic juice; of separating them into an acid and a base. If the fats are decomposed, where are they reconstructed?

Carpenter's conclusions are upon this subject:

"1st. Liquid fats are not miscible with the Liquor Sanguinis of the circulation, with which all vascular tissues are saturated. They can not enter their pores, and, consequently, can not be absorbed.

"2d. Liquid fats when emulsified with albumen, are reduced to minute particles, each coated with a distinct covering of albumen. In this state they are miscible with the liquor sanguinis, and are capable of being absorbed.

"3d. The milk-white fluid, called chyle, is this emulsion of the fatty matters of the food mixed with the ordinary lymph, always contained in the lymphatics of the alimentary canal, and other abdominal organs and misentery.

"4th. Albumen forms a perfect and persistent emulsion with oils. The pancreatic juice, an albuminous solution, forms an equally perfect emulsion.

"5th. The pancreatic juice is the only highly albuminous fluid in the intestinal canal that can form a perfect emulsion.

"6th. The view of Bernard that fats are decomposed is not proved, *but it is proved that they are absorbed without decomposition.*"

The decomposition of fats is an abnormal action, and one which constitutes indigestion of a well marked character. For a long time we were taught that the remaining fluids entering the alimentary canal were excrementitious—foreign elements expelled. The chief of these is bile. This differs with different animals in chemical character. When taken from the gall bladder it is of a greenish-brown and yellow, contains a considerable quantity of mucous, which is capable of being drawn out into threads. It is of a bitter taste, leaving a sweet after taste. It has a peculiar odor; readily decomposes, unless freed from its mucous.

The part which it plays in digestion is obscure. Recent chemical experiments throw some light upon the subject. It contains two kinds of constituents, a resinous and coloring matter.

The resinous constituent is one of the soda salts of the acids, whose adjunct is glycine or taurine. The pigment or coloring matter is in solution or suspension. It sometimes constitutes the nuclei of gall stones.

Original Communications.

Another never failing constituent of bile is cholesterin. We also have the salts common to so many secretions of the body.

Thernard advanced the idea that bile was but an animal soap, whose base was soda. Demareay advanced a similar opinion which seems plausible, as its action on fats is similar to soap. It has a resinous acid, which he termed cholaic acid, and the compound with soda, cholate of soda.

Bile is a powerful agent in the prevention of putrefaction. Its action upon food is very limited. It is highly alkaline, and neutralizes all remains of acidity that come down from the stomach to the duodenum. When the secretion of bile is arrested in certain diseases, fermentation and putrefaction of food is extensive. When the secretion is limited in quantity, as in many summer complaints, and the gastric juice copious in secretion, the intestinal canal becomes acid. It is supposed that bile promotes secretion from the intestinal glands, and also stimulates peristaltic action. Fatty food diminishes the quantity secreted. Flesh causes a more copious secretion than a vegetable diet, water, increase of bulk, but not of solid constituents.

The liver possesses, in addition to its function of secreting bile, that of manufacturing sugar. Starchy foods and the saccharine are not alone the sources of sugar in the economy. The liver has this inherent property, which function is called glycogenic, and which Bernard affirms to be one of healthy nutrition. Dalton informs us that the sugar found in the liver, and which yields proper reaction with the liquor potassa and copper test, is not carried there, but has its origin there.

The process of digestion being completed, we have no benefit derived, except there be another function performed—absorption. We can not rehearse what we have said concerning this. The principle conditions upon which it depends, were discussed as, 1st. The density of the blood; 2d. Its rapid motion; 3d. Its alkaline reaction.

It is well that you comprehend these principles, as also the elements of the body. These we have discussed as *fifteen*.

Accessory articles of diet although made up chemically, in part, of these simple elements, are not decomposed and reconstructed within the body. When from disease or mal-nutrition any element becomes deficient within the body, you wish to replace it. If the digestion or assimilation be impaired, resort is had to those agents called accessory. To estimate loss, to be able to meet the

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demands for additional material, you must be able to know what kind of material is required, and how to use it.

Dr. Frerichs has endeavored to give us a plan, by estimating loss from the secretions. Dr. Frerichs weighs the ashes and smoke, the *debris* of the body, and estimates the amount of material consumed from that. Thus the sum total of all excretions must equal the amount of ingesta.

Dr. Donders objects to this, on the ground that it is similar to a plan like that of a grocer, who would burn his stock, and weigh the ashes to estimate the amount on hand. Yet were he to weigh all the products of combustion, he would be able to compute the true weight. The material furnished must be of such kind, that it can be of use in the economy. It must be similar to that lost or consumed.

Bone contains all the elements essential to the nourishment of bone, yet it is indigestible. The digestive organs are incapable of separating the various elements, without which, as an article of diet, it is valueless. The various chemical elements must be so combined that they can be isolated. Thus pure chondrin albumen or gelatine can not be taken up in sufficient quantities to sustain life. In a consideration of the various articles of food, we find some that can be taken up without change, and which are of vital importance in the economy. These are principally water, the salts and oils.

Water belongs to both classes of food. It is complimentary in that it is a normal constituent of the body, and forms almost wholly its bulk. Robert and Verdeil estimate its proportion as three fourths of the whole mass of the body; Burdach at two-thirds. The body of an adult dried down, leaves but an astonishing small portion remaining. The solids are not so abundant as is apparent. Water is the most universal solvent known. It forms not only the great bulk of the body, but is the principal part of all its secretions and excretions. M. Barel asserts that more leaves the body than enters it, the difference being made up by the combination of its chemical elements within the body. Water gives beauty to the tissues; brilliancy to the eye; washes out the disintegrated structures; and maintains a healthy and ruddy appearance in all parts of the body.

When the system is supplied so that the economy requires no additional quantity, water becomes an accessory article. It then becomes an agent powerful in increasing metamorphosis of the tissue

Dr. Bocker, of Bonn, has instituted a set of experiments to determine the influence of the water over nutrition. Dr. Falek's observations correspond in result to those of Dr. Bocker. These are summed up as follows:

"1st. Water increases interstitial metamorphosis, or destruction of tissue and consequent loss of weight.

"2d. The decomposed tissues are excreted in both urine and fœces.

"3d. The water formed in the system is increased by metamorphosis of tissue, as well as the nitrogenous excretions. These are those thrown out by the kidneys.

"4th. The excretion of carbonic acid by the lungs, the quickness of the pulse or respiration, is not affected.

"5th. The necessity of food, as exhibited by the sensation of hunger, keeps pace with the metamorphosis of tissue."

Metamorphosis is simply the act of living. Retrograde metamorphosis breaks down tissue; converts it into debris. Where water has been long withheld in febrile diseases, frequently draughts of it excites copious perspiration, and a complete washing out of debris.

You doubtless remember the anecdote of Moore's student, a Frenchman who visited a London hospital. A fever patient who was urged to take a nauseous mixture, by the nurse, objected, but consented to swallow it only on condition that he be furnished a salt herring. He ate it; drank freely of water; perspired freely, and recovered. He noted in his book "A salt herring cures an Englishman of fever." He returned home; tried the experiment, but with the loss of his patient. He added to his note, "but kills a Frenchman."

When the destruction of tissue is equaled by the construction, health is enjoyed. The visit to watering places is frequently followed by a result as well marked as that of the French student. The patient who has been well fed, who has poured down every beverage but that which nature has designed, finds that new life is instilled into him. His body is well washed out of its accumulated waste material. They drink freely; bathe and institute a series of hygienic measures, that, adopted at home, would result in the same happy improvement. The analysis of some world-renowned waters show that it is not their chemical character. One well of great repute is almost chemically pure.

The administration of *salt*, our next substance, diminishes the

amount of water in the blood current. M. Plouviez gave a man two and one-half drachms of salt every day. Pogiale made an analysis three months after this course was begun, which showed the increase of salts in the blood to be from 48 to 56 parts in a thousand. There was an increase of blood globules, fibrine and fat, and less water.

The power of salt over metamorphosis is striking. It excites, as is the case with water, retrograde metamorphosis, which is the signal for more active constructive action.

Bischof has shown that the amount of urea excreted is a measure of metamorphosis. A dog taking daily a pound of beef *without* salt excreted 22.50 grams of urea, while with a solution of salt he excreted 28.34 daily. The salt taken is not all thrown out by the kidneys, though they readily throw out excess. In our own study of albumen, we found it to be indigestible without salt.

Nothing is more common than to see a diet prepared for the sick that is tasteless, sickish, flat. They refuse it. Take as an example beef tea. When made with the addition of an abundance their appetite is increased. It is prepared for absorption. Albumin must be converted into a peptone, or it will not be absorbed. This form is more readily acted upon. When gastric juice is deficient it becomes, then, a suitable article of diet.

Salt increases secretion and excretion. It increases, as we have remarked, the excretion of urea. In diseases where salt is deficient in the blood, what is the amount of urea excreted? In cholera the salts of the blood are lowered in quantity from six parts to two or three. Its presence in the blood is essential to absorption from the alimentary canal. In cholera this action is reversed; exosmosis takes place instead of absorption. The salt leaves the circulation. The salts are essential to fluidity of the blood. In cholera the blood will not leave a vessel when it is opened frequently. Favre has shown that the bluish layer upon cholera patients is urea. This has not been thrown out by the kidneys. One-half of the solid constituents of sweat is common salt.

Salt is a powerful agent in preventing decomposition of food. In fevers of a low grade it keeps purer most of the secretions; tends to prevent the disease from assuming a lower grade. In some portions of the country it is a popular remedy in dyspepsia. Persons take large quantities before the morning meal. In one case treated with simply common salt, great benefit was derived

from its use. It was given in 60 grain doses, rubbed up with a little coloring matter. The patient declared that if she "had not got the prescription filled at the drug store, she would have thought it nothing but salt, yet it did a great deal of good."

Pepper stimulates the action of the glands concerned in digestion, when used in limited quantities. When carried too far it retards secretion. It also stimulates the nervous system.

Opium arrests retrograde metamorphosis. It enables you in exhausting diseases, to prevent too rapid combustion. Patients under the influence of too large doses of opium become cold; combustion is almost wholly arrested; carbon loads the circulation.

The principal agent of this class, made use of in practice to arrest metamorphosis, is *alcohol*. When you approach this subject you must be convinced that it is one of vital importance to every member of the community, as well as to professional men.

o one article within the limits of material objects is capable of yielding, when improperly used, more unpleasant results. In studying the action of alcohol, in a physiological point of view, you must ever bear in mind the weakness of human nature, that to pamper the tastes and bow to the sensualities of bacchinalians becomes not the disciple of Esculapius.

Your patient seeks every excuse, resorts to every measure to convince you that alcohol is not, in his case a beverage, but essential to his existence. "It is a good thing" in cold weather; it keeps out the cold. It is a good thing in warm weather; it keeps out the heat. It transacts business; runs communities; monopolizes churches; so blunts the morals and sensibilities of man, that he can grasp the monster, gratify his passion for drink, and proclaim with unblushing front that their brains are more reliable when steeped in alcohol, than when free from the influence of poison. No man possesses so much judgment and self-control, that he can afford to part with a portion under the influence of drink, to enable him to perform his business transactions. It is not the man of *brains* who makes the plea that he is better fitted to deal with human life when pickeled in whisky, but those destitute of this essential constituent of manhood, who substitute bravado and impudence for knowledge and ability; who criminally deal with precious lives, sacrificing them to their own incompetency, excusing it by saying "they never find themselves unfit for business. I have seen the lives of many sacrificed by base

pretenders, whose only claims to professional attainment is that "they *might* make good practitioners if they would let liquor alone."

Let no one go forth from these walls without a solemn sense of his great duty resting upon him to God and man. Say not that because ardent spirits are agreeable, you are justified in pouring them down the throats of your patients. Do not lend your aid to make drunkards. You behold on every hand the polite way of drinking of those who would scorn to indulge in strong drink. Thousands of gallons of poor whisky put up with some bitter herb, and labelled "Red Jacket," "Plantation Bitters," or with the name of that Quack Prince, Roback. The exclamation of the venerable Dr. Rush should be impressed upon the heart of every man; "No man shall rise up in judgment and say that I, Dr. Rush, made him a drunkard." The number of those claiming to be medical men, in some portions of the country, who are addicted to strong drink, is astonishing. Far better qualified to judge of poor whisky than disease, they trifle away their own time, and what is of more value, the valuable lives of patients.

The records of all our city hospitals show that those addicted to strong drink suffer by far the greatest rates of mortality; that they are less able to cope with disease; that contagious diseases make sad havoc among them; that the breath of the lovely angel Death soon extinguishes the flame of their life.

Do not enter-upon your duties without a full consideration of the abuse of so powerful an agent. I do not wish to weary you with a sermon upon intemperance. The effort of man to excuse his passionate indulgence, and drown his sensibilities and better nature, are well shown in Capt. Rawling's bacchanalian song, which also expresses the condition of mind during an epidemic.

"There is many a hand that's shaking,
There is many a cheek that is sunk,
But soon, though our hearts are breaking,
They'll burn with the wine we drunk.
So stand to your glasses steady,
'Tis here the revival lies;
A cup to the dead already,
Hurrah for the next that dies."

"There is a mist o'er the glass congealing,
'Tis the hurricane's fiery breath;
And thus does the warmth of feeling,
Turn ice in the grasp of death.
So stand to your glasses steady,
For a moment the vapor flies;
A cup to the dead already,
Hurrah for the next that dies.

While alcohol has engaged a part of the world with its evil consequences, another part have labored to make it useful to man.

Dr. Bocker has made with alcohol, as with water, experiments and observations to determine its real value in the economy. His conclusions are :

"1st. Alcohol diminishes the excretion both of solid and fluid constituents of the urine;" that is, the excretion of the products of combustion and disintegration is in part arrested.

"2d. Alcohol does not increase *cutaneous* perspiration." This shows that one of nature's safety valves are closed; one natural outlet blocked up. You will bear in mind the influence of this upon absorption from the alimentary canal.

"3d. Alcohol does not increase fecal excretion. Alcohol diminishes absolutely the quantity of carbonic acid exhaled by the lungs."

Alcohol is not a supporter of combustion. It is not itself consumed. It leaves the body as it enters; it does not affect the excretion of water by the lungs; it prevents the oxydization of carbon. The fats supplied to support combustion are not burned up. It arrests retrograde metamorphosis at this point. When tissues are converted into combustible material, it prevents their combustion. It increases fatty degeneration; promotes it by retaining fat in the circulation, which is deposited; or prevents the products of retrograde metamorphosis from being taken up by the circulation, it being already loaded with carbon.

Dr. Moleschott says of alcohol, *it is a hoc of savings*. A man who eats little and drinks moderately, retains in his tissues more than he who eats an equal amount without alcohol. He says to remove his drink is to rob the laborer of his slender means, by which his deficient food is made to last a long time. When we learn that he gains additional strength, that his muscles retain their integrity, then may we fully adopt this.

All of you remember the patient at the hospital, whose heart, liver and other structures showed such well-marked signs of fatty degeneration? This man had been a toper. Alcohol had retained in his body fat that should have been expended in the economy. He died from these organs being unfitted to perform their duty, their healthy structure being replaced by fat.

Alcohol prevents waste of combustible material. It raises nervous energy to such a pitch, that man can use his body

with less consequent loss of substance; yet *the price is paid in blood.*

The blood so highly carbonised is less vitalized. It looses its red corpuscles. The patient, though looking red and healthy, is really bloodless.

In speaking of our machine in the introductory, we found that the unconsumed material was thrown out as smoke precipitated carbon. In man, in these cases, we find this same carbon precipitated, but not thrown out. It remains to paint the face as a sign of intemperate habits. I would advise you all to read the observations of Dr. Bence Jones, of Dr. Carpenter, of those already referred to.

The sum of the observations of Dr. Carpenter is, that alcohol can not take the place of water. We have seen that it precipitates the nitrogenous elements of the secretion. It precipitates many organic compounds soluble in water. Its action is not, therefore, in harmony with water.

Alcohol can supply nothing essential to nutrition. It acts essentially as a stimulus, increasing for the time the vital activity of the body, and being followed by a corresponding period of depression.

1. Tea, according to the experiments of Dr. Bocker, in ordinary doses has no effect upon the amount of carbonic acid expired, the frequency of respiration or the pulse.

2. When the diet is insufficient, tea limits the loss of weight.

3. When the diet is sufficient the body is more liable to gain weight when tea is taken, than when it is not.

4. Tea diminishes the loss of substance in the shape of urea.

5. Diminishes the amount of fæces.

6. Diminishes loss by perspiration.

Coffee, in many respects, is similar. It protracts the destruction of tissue; raises vascular and nervous energy. It gives energy to the brain by its stimulating action exerted upon the vaso-motor nerves. Chocolate possesses the same properties in a limited degree, but on account of the oil it contains. Starch and albumen is indigestible to some persons.

Another class of articles that may be considered accessory, in part, is fruits. These are chiefly of three kinds, acid, sweet and astringent.

Acid fruits are, in general, cooling. They appear to be possessed of sedative properties; they appease thirst, and excite

gently the secretion of saliva and gastric juice. They diminish in a measure, animal heat, hence, their utility in fevers and inflammations when the power of secretion is not wholly lost. They reduce the force of the vascular system; therefore, when in excess, may be productive of disease.

Acids decompose the bile. Summer fruits do this very freely. You are aware that to neutralize the bile, is to render the contents of the intestines acid. The bile prevents decomposition from taking place within the intestines. Excess of acid fruit neutralizes the bile. This permits decomposition of food—diarrhea and dysentery result. It is also accompanied by fermentation; gas is generated; the patient tortured with excessive pain, the result of distension of the bowels with gas. Many persons who enjoy good health find that fruit interferes with digestion to such an extent, that they have to abandon its use.

The use of fruits has, then, a tendency to remove billiousness. You find them principally the product of those climes most subject to billious complaints. In hot countries, where the secretion of bile is excessive, acid fruits abound.

Sweet fruits contain more sugar than acid. This class of fruits are numerous. One ancient writer says of the pine apple, that it has power to rekindle the flames of love. If there are those present who have suffered from extinction of this flame, and desire to repeat the experiment, let them report results. Sweet fruits, being rich in sugar, are, in this carbon producing material, nutritious; but being made up largely of water, they undergo rapidly fermentation. Watermelons are of this class. Sweet fruits have a tendency to act upon the kidneys.

When it is desirable to change the action from the skin to the bowels and kidneys, fruits will be found an available agent.

The astringent fruits form a numerous class. You will readily perceive the necessity for a mixed diet; that the various tissues, each require that nutriment be presented, that it may contain their constituents. "How happens it that 27,000 children die of convulsive diseases every year in London?" asks one writer.

In studying out a regimen or diet with relation to invalids, the principles presented must not only be kept in mind, *but applied*. In acute illness the instincts of the patient teaches him that his diet must be limited. No one will advance an opinion to the contrary. During the slightest derangement the quality and quantity of food is required to be varied. The power of digestion

and absorption is diminished; the power of the continued renewal of tissue is sometimes arrested. Material, if presented, would not be used up. The full liver, "heavy feeder," arrests metamorphosis by loading his circulation with carbon; the man of limited means withholds it.

The first question you have to consider with a patient is not *how much shall I reduce his diet, but what has been the habit or diet.* If your patient suffers already from a class of diseases resulting from insufficient nourishment, a generous diet may remove his troubles. When diet has been low for a long time, illness will not permit you to diminish it; it may require that you increase it. An advantage the full liver has is, that he contains always an abundance of nutriment within himself; if deprived of food, he can live upon himself.

In cases of disease, as chlorosis, in which the density of the blood is lowered, the patient is unable to absorb sufficient nutriment to support life. In these cases the strength of the patient must be reserved. There must be *rest*. Increase the absorbing power, increase the *rapidity* of the blood stream by gentle stimulants, and, also, thus retard retrograde metamorphosis. Administer such food as can be absorbed with little digestion. Cod oil is easily absorbed, and hence, will furnish available nutriment. Cream is an emulsion furnished by nature. Each oil globule is already coated with albumen.

In all cases you judge of the condition of the secreting organs from the tongue and skin. The coating upon the tongue is disintegrated epithelium and epithelium scales, imperfectly developed. The tenacity with which they cling to each other, will mark the amount of inflammatory action. The same may be shown of the blood corpuscles, the buffy coat being produced by the corpuscles adhering together and subsiding rapidly. You can read this as well from the tongue, as from the blood.

The vitality and action of epithelium may *always* be taken as a guide to the condition of the blood corpuscle. The red corpuscle in health appears to have a coating that gives it brilliancy and elasticity. The epithelium upon the tongue may not be thrown off. This indicates diminished vitality. As vitality is lowered, this becomes darker, dryer, until it may become black. This is only indicative of what is going on within the glands. They become loaded with debris.

Let us suppose this depression continued until regeneration of

epithelium ceases. The coat is thrown off from the tongue ; it forms the raw beef-like appearance of chronic diarrhea and other exhausting diseases, or the dry, glazed tongue of diseases resulting from blood poisons. With the beef-like tongue the appetite is craving. The dead tissues will not secrete fluids to act upon the ingesta. It can not be taken up. This must guide us in our dietetic measures.

The mode of dying indicates in fevers and a large majority of diseases, that it is simply a slow process of starvation. The antiquated plan of *starving disease*, produced *starvation and death of the patient*. Disease may, by preventing nutrition, produce death by all the symptoms common to starvation.

Let us take the observations of Chossat and compare them with the history of the course of a fever case. These symptoms developed by absence of food, are an acute fever with extreme prostration of strength ; the breath and perspirable matter become very foetid ; the urine is acrid, passed with pain, and in small quantities. Severe pains, as with a sense of heat, are felt in the stomach. The patient or subject remains calm, so long as a normal standard of temperature is maintained. When this has continued for a time, the heat of the body is increased ; delirium is manifested ; there is wakefulness ; frequently furious mania, accompanied with hemorrhage of attenuated blood. As life approaches its termination, the temperature falls ; the subject becomes stupid, unconscious. I desire you to pay strict attention to this, for when I come to treat of the functions of the nervous system and its pathological changes, I will point out to you the many derangements, treated heroically, that are dependent upon mal-nutrition, and which require well regulated hygienic measures, rather than medication.

In cases of starvation the mental powers are greatly prostrated ; life may terminate by oppression of the brain, coma, or by convulsions, anemia of the brain. The person lives until his fat is consumed, after which the other tissues are consumed for fuel. As the supply fails, the flame burns low ; the heat is diminished. This is the history of those who starve to death. How does it differ from the history of your patients ?

In the experiments of Chossat birds nearly starved died from the slightest agitation, as from cutting their nails. Exertion frequently takes the life of the fever patient, or produces alarming

prostration. How much sooner will your patient die from the combined influence of disease and starvation?

In all diseases the diet should be so arranged that all possible aliment may be introduced. Patients frequently die who have no desire for food. These should be limited in aliment to the actual power of digestion, yet their food should contain all the essential elements of diet.

You must not persist in the administration of one kind of food, day after day, thereby exciting disgust, but must vary it to a great extent as possible. Too much medication impairs the digestive function. Be not too lavish of drugs. Over drugging is as injurious as want of food. *Do not over stimulate*, this is worse than no stimulation. If the disease is of such character that the patient's circulation is already loaded with effete material, carbon and disintegrated tissue, bear in mind that alcohol retains it in the circulation; combine it always with agents that aid its elimination, *and especially those which act upon the skin and kidneys.*

To-morrow we will consider the digestibility of the various articles of diet, with reference to the application of our study to practice, and will also consider, briefly, the hygienic rules that should govern you in the chamber of the sick.

[Dr. Morse will contribute, during the year, articles upon Hysteria, Chorea, Neuralgia and Epilepsy, and is also engaged upon a condensed translation of two recent French works on Dyspepsia, embracing the present knowledge of this subject.]

ART. II.—*Case of Polypus Uteri.*

Reported by Dr. N. J. McTURNAN, Alexandria, Indiana.

Was called, October 2d, 1868, nine miles into the country to see Mrs. F.——, aged 18; married three weeks, whom I found with a sallow, blanched countenance, and who was considerably emaciated. She had been suffering severe pain in the hypogastric region for three consecutive days, immediately preceding my visit. Her pulse was 94, small and feeble.

Her history, as obtained from my patient, was about as follows: She had good health from infancy to the age of 15, when her monthly periods, instead of maintaining their wonted regularity, became persistent; having a slight, but constant passive hemor-

rhage all the time, from that age to the present. She had been repeatedly medicated, but without any special benefit, and, at the time of my first visit, was still a victim of this difficulty. She also complained of headache and great lassitude.

I prescribed a mild mercurial, combined with an opiate; these to be followed by castor oil, with a few drops of oleum terebinth. I left bitter and ferruginous tonics, to be taken after the operation of the cathartic.

The friends promised to advise me of the condition of the patient when her medicine would be all taken. They did so some five or six days after my first visit, at which time I found her general health considerably improved, but the passive hemorrhage still continued. Suspecting a morbid growth in connection with the os, or canal of the cervix uteri, I made an examination *per vaginam per speculum*, but the speculum was so small that I found it difficult to determine, definitely, the pathology of the case, and so deferred further interference till the 22d of October, at which time I procured a larger instrument; upon examination with which, I could discover within the os-uteri an abnormal growth, which seemed to plug the canal of the cervix completely. By introducing a probe, curved at the extremity, I succeeded in bringing down into plain view, an oval polypus, about fifteen lines in length, and six lines in transverse diameter. This I seized with a tenaculum, and drawing it still further down, was able to discover the pedicle, which was about six lines in length and half that in thickness; I then introduced a scalpel and severed the pedicle. The cutting was followed by slight hemorrhage, which, however, was promptly arrested by the application of nitrate of silver to the cut surface, and injections of cold water. Continued tonic treatment.

Have not seen my patient since. Her friends report that she has had no hemorrhage, of any sort, since the operation, and that her general health has improved rapidly.

I take pleasure in stating that my partner, Dr. W. W. J. Cuningham, rendered his counsel and kind and efficient assistance in operation.

ART. III.—*Complete Rupture of the Perineum, of ten year's standing.*

Successfully Operated on by J. TAYLOR BRADFORD, M. D., of Augusta, Ky.

Mrs. C——, of Robinson County, Kentucky, came to see me for the purpose of being operated on for Rupture of the *Perineum*. On examination, I found a *complete Rupture of the Perineum*. The vagina and rectum seemed to be much contracted and drawn together in one small and common opening. Upon separating the parts, the *septum*, between the *vagina* and *rectum*, was found to be completely obliterated, and a rent in the rectum of *one and a half inches*, and in the vagina of *one and three-fourths of an inch*. The patient had been operated upon one year ago, by Dr——, of Claysville, Kentucky, but upon the first movement of the bowels, a complete separation of the adjusted parts took place.

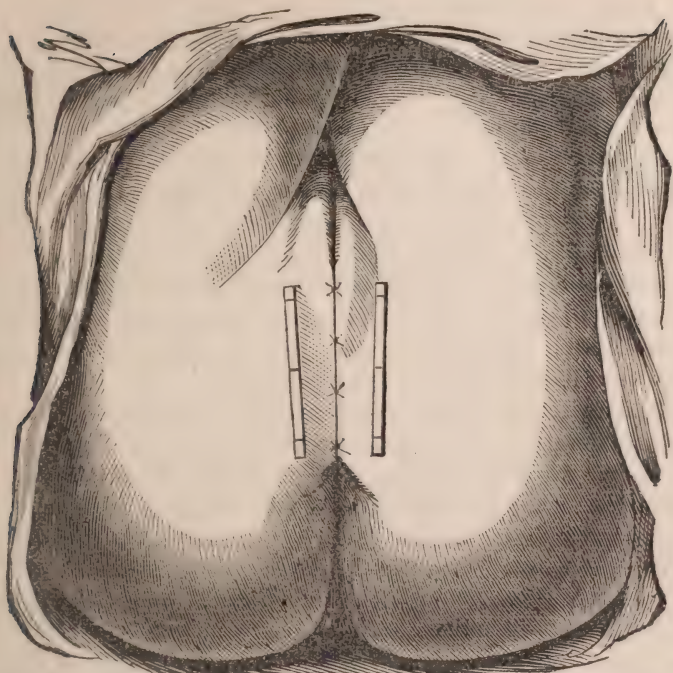
Her visit to Augusta was during the intensely hot weather, in the summer of 1868, and I said to her then, that an operation at that time would not be prudent; and at any other, the character of her case did not impress me with the prospect of even tolerable success. She then detailed to me more minutely her real condition. Said for ten years she had had but little control over her bowels, and whenever they were the least disordered, she passed their contents *without control*, whether she was *sitting, lying in bed or standing on her feet*. She further said, that through the influence of some physicians, she had been led to believe that I could do something for her. "If I did not, the sin be upon me and my generation." I do not remember, in thirty year's practice, to have seen a case, *so pitiable*, in detail, and so importunate with tears. At once I determined to test the case faithfully, and efficiently, if possible, with a *modification* of the *Baker Brown and Gross operation*. The rupture was the result of the first labor, and from the patient's own history, she was sick for a long time after her first confinement, and did not know, for years after, exactly what was the matter, when she was told by her physicians, for a time, that nothing could be done for her.

In September she came again to Augusta for the operation. After six or eight days preparation of the system, I proceeded to the *operation*. Drs. Sharp, (now of Memphis, Tennessee), Holiday, formerly two year's Assistant Resident Physician of the Commercial Hospital, and T. Bradford, were my assistants.

Dr. Sharp, who from long practice, both in medicine and surgery, attempted to dissuade me against the operation, but, after its completion, he expressed himself hopefully of its success. I am indebted to him and the other assistants for appreciated aid in the operation.

When the patient was completely under the influence of chloroform, being placed in the position for lithotomy, I commenced the operation by paring the edges of the *rent* in the *rectum*, being brought properly together, I applied two silk *sutures*; then paring the edges of the *rent* in the *vagina*, I applied two *sutures* in a like manner; I then proceeded to *pare* the edges of the external part, using simply a scalpel and forcep; when this was completed to my satisfaction, I proceeded with three *curved needles*, armed with *silver wire*, to apply the ligatures. The ligatures were put through the eye of the needle *double*, then the ends bent back over the eye of the needle to prevent its slipping. The first ligature was applied close to the *verge of the anus*, (Gross). At its insertion on the right side, *one inch* from the edge of the wound, and dipping down to the depth of the pared edge, at the bottom of the wound, it was brought out at the opposite side *one inch* from the edge of the wound. The needle was then withdrawn from the wire, and the ends bent loosely back over the flesh. Before inserting the needle the loop of wire was placed over a piece of *bougie*, long enough to embrace the three ligatures, and held by an assistant. The *second* and *third* ligature was applied in a similar manner, and the *third* applied just at the base of the *labia*. A piece of *bougie* was then applied to the left side, over which the ligatures were made tight. The *sphincter ani* was then divided a few lines from its insertion, but only at one point. In place of tying the knees together, as recommended by operators, I applied a broad bandage, wide enough to extend from the hip bones down to the lower third of the thighs, which was pinned as tight as it could well be drawn.

Cold water dressing was applied to the wound, with a "T" bandage, and the patient placed in bed on her side. This position was strictly complied with for the period of three weeks, except when the *urine* was drawn off, which was twice in twenty-four hours; then she was allowed to turn upon the opposite side, so soon as the cold water dressing was applied, and the bandage re-adjusted round the hips.



[The cut gives a view of the operation complete. Copied from Thomas].

In half an hour after the operation, forty drops of *laudanum* were given; in ten hours thirty, and in ten hours twenty; then ten drops three times a day. The diet was concentrated, little and often. In eight days the cold water dressing was discontinued, and a thinly sliced piece of *old fat bacon* applied over the wound. This was renewed once a day by allowing it to remain for a short time in hot water.

In ten days the ligatures of the vagina and rectum were removed by *anal* and *vaginal* speculums, having a convenient opening in either instrument, by which to clip and extract the ligatures. At the expiration of fifteen days the *external ligatures* were removed, one of them having shown some evidence of irritation and swelling. After the removal of the external ligatures, by Dr. Holiday and myself, to our great satisfaction, and that of the patient, we found the parts firmly united. The bowels remained undisturbed for *three weeks*, without any *fullness, flatus or irritation*.

An *injection* of *castile soap suds*, with a *tablespoonful of honey*, was then given. In a short time considerable *fœcal matter* was passed, considerable *gripping* and *pain* ensued. The *injection* was repeated—more *fœcal matter* passed, and with some relief. The *pain* in the *bowels* continued, at intervals, for several hours, when a dose of *castor oil* with *twenty-five drops of laudanum* was given. This acted promptly, and while a large amount of *fœcal matter* was being passed, *pressure* to the *perineum* was carefully kept up. This gave complete relief, and all passed off by the *anus* without the slightest rupture of any part. The patient remained here ten days longer, passing the contents of the *bowels* in a healthy, and to her happy way.

I am naturally inquisitive, when I find a difficult operation has succeeded, to get at the "great guide marks," (as Sidney Smith expresses it), to find what is the grand *ensignia* of success. We instinctively look to some one or few remedies, by which it is attained. In most things, however, a second sober thought teaches us, as did it King Lear, when he asked the "good apothecary to give him an ounce of *civet* to sweeten his imagination," that mostly, success is made up of *atoms*, the "littles are to be heaped up to make the bigs." It is the grains of sand, or the diversified particles, that make up the mountain. It is the drops of water, taken collectively, that make up the cataract, and give music to its volume; and the individual links in the chain which measures correctly the *area* of land, directed by the compass of a competent engineer. Often then, if a link is omitted,

"Whether tenth or ten thousandth,
It breaks the chain alike."

My reading and observation has taught me that the operation for *Complete Rupture of the Perineum*, has failed as often, or oftener, than most capital operations, and those who lay too much stress on the "liberating or *oblique lateral incisions* of Diffenbach, the *metallic* or *lead suture* of Mattauer, the *silver wire* of Sims, the *division* of the *sphincter* at two points by Baker-Brown, or the *quilled suture*, as practiced by Roux, of Paris, important as they severally are, will often fail unless we care for the *littles*."

"When thou wast *little* in thy own sight, wast thou not made the head of the tribes?" When I practiced medicine, (and that for thirty years), I solved the important problem, as I thought, of

first restoring the disordered secretions, and equalizing the broken balance of the circulation, and that, if possible, without an *exhaustive* method. In surgery, too, if we attain much in operations of this magnitude, we must look, unmistakably, to the condition of the general system prior to and after the operation. Take the present operation as an example. The complete preparation of the system is one of the *littles* of which authors say but *little*, and without which, you cannot keep the bowels quiescent long enough to insure complete reunion.

The same rule is equally important in *ovariotomy*. Show me a surgeon, in either operation, who has a *summary* way of dispatching his cases, and I will show you one who is not *generally* successful, no matter what *time* he *makes*, or how adroitly he handles the knife. Recto-vaginal openings are generally the result of *flatus*, and this induced oftener than otherwise, by unhealthy secretions or improper diet. Prof. Simpson advises the introduction of a *tube* into the rectum, by which the flatus may pass off, but this, in a given time, will become obstructed, and invite action of the bowels. The sphincter ani, was divided but at one point in the present case, and if the muscular fibres are completely divided, I cannot conceive of the necessity, (as Baker-Brown advises), of dividing the muscle at two points. I am strongly in favor, however, notwithstanding the *quasi* authority on this point, of dividing the sphincter, and doubt if a case like the present can do so well without it.

The use of the *metallic suture* originated in the United States. Mattauer, of Virginia, treated these cases with *lead* used as *interrupted suture*; Sims, the apostle of other days, improved on this *John the Baptist*, and has given us the best of all sutures, *silver wire*, which is destined to be the rule and not the exception.

When I commenced the operation I intended to use the *oblique lateral* incision of Diffenbach, because of the case having been operated on before. After dividing the sphincter, however, I was satisfied to avoid that complication, of the many essentials, not so much written about, as the warmly contested modes of operating, is the position on the side implicitly enforced, with the broad bandages securely pinned from the hip bones down to the lower third of the thigh. There are other *littles*, if less essential, worthy of sound memory:

The bowels to be left quiet for twenty days.

The external ligatures not to be removed under fifteen days.

Diet concentrated, little and often.

Cold water dressing suspended from eight to ten days.

Laudanum to keep the bowels quiet.

In the practice of medicine, as of surgery, the gratitude of our patients is a jewel not always worn, and when we find it "it is like the murmuring of a rivulet in a parched and sandy desert."

This poor woman, a miserable sufferer for ten years, when she found the parts had healed, and she was no longer an object of loathing to herself, and those around her, there was no measure to her joy and her gratitude.

I can not say of how much interest this case may be to the profession, I have tried to help myself to a better understanding of the operation, and if I have not aided others, I have the opprobrium of being selfish for having helped myself.

Translations.

Bouchardat on Coffee.

Translated from the *Annuaire de Therapeutique*, by GEO. E. WALTON, M. D.
Cincinnati.

In every part of the habitable globe, we find articles employed that act specifically on the nervous system—articles which stimulate, and sometimes derange our intellectual faculties. Among these stimulants of the nervous system, some, such as alcohol and tobacco, have grave inconveniences that more than counterbalance the good, while others, such as tea and coffee, have almost always only happy results when wisely employed.

I will premise what I shall say concerning coffee, by informing you that we, in France, are large consumers of this article. While in London each inhabitant consumes only two and a half pounds annually, we in Paris need eight pounds each, for our yearly supply.

Definition.—Coffee is the seed of the *coffea Arabica*, a small evergreen growing to the height of ten or twenty feet, belonging to the order Rubiaceæ. It seems that the origin of the word coffee is involved in doubt. Perhaps the best explanation is that which traces it to the Arabic word *Cahveh*, which is derived from *Cahouah*, a verb, signifying to become satiated. This word was employed as a noun, somewhat as our word drink. Thus, they have the *cahveh* or coffee of wine; the *cahveh* or coffee of the hull of the coffee

seed, and the cavaeh of the coffee seed ; the infusion which we call coffee, and which they call *Buun*.

History.—The coffee tree was known to the Hebrews and Arabs. According to Abdelcader, coffee has been used as a drink in Ethiopia (to which country it is indigenous) from time immemorial. It is thought it may also be a native of the soil of Abyssinia, and Arabia. The origin of the use of coffee is shrouded in doubt. Naironi tells a story which attributes the discovery to a goat-herd and a superior of a monastery. The goat-herd told the monks that the goats were wakeful and frisky all night long, contrary to their usual custom. The superior watched them one night while they were grazing, and observed that they ate of the fruit of certain small trees. He then procured some of the fruit boiled it in water, and on drinking it, found that wakefulness ensued. Having made this discovery he utilized it, by causing the monks to drink of the infusion to prevent them sleeping during the night watches. Although this tradition is so improbable, yet it is received with the utmost confidence in the Orient.

By varied paths the use of coffee traveled westward, first making its appearance in Eastern Europe in 1583, at which time it is mentioned by Leonard Rauwolf, a German physician. Coffee was first used in France in 1644, under Louis XIV. The first cafe was established in Paris in 1672, by an Armenian named Pascal at the fair St. Germain. Cafes did not, however, become a permanent institution of the capital, until a year or so later, when a Sicilian named Procope opened a cafe at a fair, and when the fair closed, removed it to the Rue des Fosses, St. Germaine, opposite the Theatre of Comedie, Francaise. Here it became the daily resort of the most celebrated men in letters, medicine and science, and the names that echoed through the saloons were those of Voltaire, Boileau, La Fontaine, Piron and Fontenelle. It still exists under the old name of Cafe Procope, and still the savans of the Latin quarter gather within its walls.

In 1714 the first coffee tree in France was presented to Louis XIV, and placed in the royal garden, where it flourished under the care of the botanist, Jussieu. From this tree three plants were taken in 1720, and confided to Capt. Duclieux for transportation to Martinique. During the voyage, which was long and perilous, two perished, and the third would have also died, had not the captain bestowed on it the most assiduous attention, and

divided with it his allowance of water; and this single root was the parent of all the vast plantations of South America.

For the growth of the coffee tree a mild climate is necessary, where the temperature does not rise above 80° , or fall below 15° . It should be placed in a sheltered spot, and in proximity to flowing water, where its roots may permeate the moist earth. When three or four years of age, the flowers first appear, and four months after the fall of the blossoms the fruit is ripe. It continues thrifty for thirty or forty years, yielding twice a year.

A learned Arab, Hezarfen Hozain Effendi, says, that the coffee tree very much resembles the cherry. The fruit is large, red and sweet, and so much resembles the cherry, that, if placed among them, it could only be detected when eaten, its taste being tart and more agreeable than the cherry.

Of all the varieties of coffee that which is esteemed the most highly is the Moka, of Arabia, and of this there are several sorts, the most desirable being that which is cultivated in the district of Yemen. However, we seldom see any of this, for it is said, "before arriving at Alexandria, Jaffa or Beyrouth, where shipments are made to distant ports, each sack of Moka is examined, grain by grain. Experienced fingers separate all the semi-transparent, greenish-brown grains, and withdraw them for home consumption." M. Palgrave concludes that very little true Moka, of Yemen, finds its way even to Constantinople, and that the Moka sent to Europe and America has no more resemblance to true Moka, than an infusion of log-wood has to the products of the vineyards of Porto. Next to the coffee of Yemen is that of Abyssinia, and after that the coffee of India, while, according to Orientals, American coffee is of the lowest grade.

The following are the results of the best analysis of coffee:

Chloroginate of Potassa and Caffeine.....	3.5 to 5.000
Free Caffeine.....	0.800
Concrete essence (soluble in water).....	0.001
Fragrant aromatic fluid essence (soluble in water).....	0.002
Nitrogenous matter.....	13.000
Glucose.....	15.500
Fatty substances.....	10 to 13.000
Cellular tissue.....	34.000
Potassa, Lime, Magnesia, Phosphoric acid, Sulphuric acid, Silicic acid, Chlorine, (traces).....	6.697
Water.....	12.000

100.000

The aromatic fluid essence seems to give the characteristic odor and flavor to the various kinds of coffee.

Chlorogenic acid presents a great resemblance to the tannins.

Caffeine is the most remarkable principle of coffee. According to Robiquet and Boutron, it exists in the following proportions :

In each pound, troy, Java 14.53 grs. ; Moka 12.21 grs. ; Saint Domingo 10.25 grs.

Caffeine is found in many substances beside coffee, among which may be named tea and guarana.

The part which caffeine plays in the effects of coffee has never been definitely determined. Dr. Stuhlman, of Friedwald, after numerous experiments on animals, concludes as follows: 1st. That it is a poison, and not an aliment; 2d. Administered in relatively small doses to animals, it causes death in many species; 3d. It produces death not by acting on the blood, but by causing paralysis when it comes in contact with the nervous system; 4th. The action of caffeine on animals varies according to the susceptibilities, the dose and the method of administration. These deductions, however, should be received with some reserve, since articles that impress the nervous system act very differently on man, compared with animals. According to M. Botkin, under the influence of caffeine, cardiac contractions are diminished; the desire to urinate, and the quantity of urine is increased; and pain is felt in passing the urine. These phenomena are observed in the dose of two to three grains in twenty-four hours; but the system readily becomes tolerant of this substance.

Torrefaction.—The quality of the coffee produced depends in a high degree on the perfection of this operation. The following are the most important rules: 1st. Brown very slowly over a small fire, being careful that the temperature does not exceed 400° to 500°. 2d. The coffee should not be too much browned, but retain a reddish tint, and a well-declared aroma developed to its greatest intensity. 3d. Different kinds of coffee should be browned separately, as they must be subjected to the heat for different lengths of time.

Pulverization.—This operation may be performed either with a mill or mortar. When pulverized, the coffee should be inclosed in an air-tight vessel. For myself, I can but approve of those passionate lovers of coffee, who brown and pulverize only as much as will be needed each day.

Preparation.—The best method of preparing coffee is by perco-

lation. For this purpose a porcelain coffee-pot is used, having a perforated diaphragm that divides it midway into an upper and lower compartment. . Two ounces of ground coffee are then placed on this diaphragm, without packing. Over this a half cup of boiling water is poured, causing it to form a compact mass. Over this three cups of boiling water are then poured, and the liquid that passes through will be ready for the table, having a temperature of about 130° or 140° .

The Orientals, however, who are masters of the art of making coffee, prepare it differently.

M. Palgrave tells how it is made at Djowf by a black slave named Soweylim. He lights a fire and places over it a colossal coffee-pot, three-fourths filled with limpid water. He then takes three or four hands full of coffee, which he examines carefully, grain by grain, separating from it all foreign substances, after which he places it in a large metal ladle; next he exposes it to the heat of the furnace, agitating it gently until it reddens, cracks and fumes slightly, taking great care that it shall not burn or blacken, as happens too often with us. After cooling a little it is placed in a stone mortar and pounded. In a few moments the grains are crushed, and assume the appearance of powdered red sandstone, very different from the charred powder that passes with us for coffee, and in which neither odor or savor remain. All these operations being accomplished with as much attention and gravity, as though the safety of all Arabia depended on it, he takes a second coffee-pot and half fills it with boiling water. Into this he lets fall the coffee he has prepared, and places it over the fire, being careful to agitate it, from time to time, so that ebullition shall not occur. He then adds a little powdered saffron or aromatic seed. Finally, the liquid is passed through a filter, and is then ready to be served. At the seraglio they add tincture of amber, cloves and anise; but I suspect it is more with the intention of perfuming the breath of the beautiful daughters of the Harem, than of adding to the flavor of the coffee. It seems to me that in this they are as much in error as we are, when we add rum and *eau-de-vie*. A small quantity, however, of saffron, or some other aromatic, is considered indispensable; but the use of sugar would be thought a sacrilege by the Orientals.

Physiological Action.—Circulation.—Augmentation of the number of pulsations is the rule, when coffee of good quality and moderate quantity is taken immediately after repast during the

first acts of digestion. According to Trousseau the pulse rises from 75 to 82. On the contrary, according to M. Jourand's experiments on himself, when coffee is taken in large quantities, the number of pulsations are diminished. The normal rapidity of his pulse was 84; but under the influence of large quantities of coffee it fell to 75.

Nutrition.—M. Jouraud says, that the ingestion of coffee diminishes digestion. It seems to me, however, that it modifies, but does not diminish the process, and in this way relieves us of the uneasy sensations that follow a large repast. Coffee also renders abstinence from food, for a long time, possible. Thus, M. Jouraud says, "Four ounces of powdered coffee and five pints of infusion, made with one-half pound of various kinds of coffee, enabled me to support an absolute fast during seven entire and consecutive days, without curtailing my habitual occupations, and permitting more than usual muscular exercise. The only unpleasant symptoms were a little fatigue and slight loss of weight.

Excretion.—Coffee taken in moderate quantities augments the quantity of urine excreted in twenty-four hours, but diminishes the quantity of urea. According to Boecker and Lehman, it also lessens the quantity of carbonic acid exhaled. These facts establish clearly that it modifies organic decomposition. Coffee always acts as a diuretic, and this action is due to the active principle, caffeine. In some persons coffee, and especially *café au lait*, favors alvine evacuations.

Nervous System.—The action of coffee on the nervous system is one of the most interesting facts in its history. After taking a moderate quantity the effects are as follows: In a short time, ten minutes at most, the thoughts flow more freely, memory is quickened, the ideas are clearer, and the expression of them is more brilliant and appropriate. I need hardly add that this pleasant stimulation is such that wakefulness ensues for some time afterward, especially in those who are not habituated to its use. Its action, in no respect, resembles either alcoholic intoxication, or the hallucinations of haschisch or opium.

Hygienic Effects.—Before entering into the consideration of this subject, we may quote the reply of Fontenelle to a physician who proscribed coffee as a poison: "Very well," said he, "it is a very slow poison, then, for I have taken several cups a day for eighty years, and my health is as good as ever." In all ages there have been violent opponents to the use of coffee. When first introduced

at Mecca, Cairo and Constantinople, it was condemned by the governments, and drinking it forbidden by law. Although there is much exaggeration in the anathemas of the detractors of coffee, we must acknowledge that it is a very potent agent, and if taken in too large quantities, may cause disagreeable results. Zimmerman says, "The abuse of coffee causes many unpleasant results, even to those in perfect health; and in many diseases it is very pernicious. I take coffee twice a day, and only two cups at a time. In this way it causes no inconveniences; but, on the contrary, more than this enfeebles me, and causes hypochondria, trembling, giddiness and a sort of timidity that is insupportable. The continual abuse of coffee occasions many nervous diseases, especially in women. It causes eruptions on the face, severe headache, cough and congestion of the nares, lungs, uterus and hemorrhoidal vessels."

Coffee diminishes venereal desire, and Trousseau says, "There is no more potent anaphrodisiac for causing absolute impuissance;" and, it may be, that Louis XIV, after introducing coffee into France, first rejected it, because of fear that it might affect his virility. Apropos of this effect of coffee, it is said that a Queen of Persia, wife of the sultan Mahomed Kasuin, observed several officers vainly endeavoring to throw a horse to the earth. She inquired their intention, and was frankly informed that they desired to castrate the animal. "How much trouble for nothing," replied she, "it is only necessary to give him plenty of coffee." She said she had proof of this in the person of her husband, who had become indifferent to her since drinking so much coffee.

From the fact that coffee diminishes the decomposition of tissue, it is found exceedingly useful when the economy must endure unusual fatigue, and, at the same time, limited in alimentation. M. Gasparin has shown that the miners of Charleroy maintain themselves in good health and great muscular vigor with one-half the quantity of nutriment ordinarily required, because of drinking coffee. The quantity of nitrogen ordinarily consumed each day in food, is from five to six drachms, while that of the Belgian miners is only three and four-fifths drachms. Yet, notwithstanding this scanty regimen, less than that of convicts or monks, they are the most energetic workmen, far surpassing the miners of other countries.

Coffee should never enter into the diet of infancy. In children the eucephalon and muscles are active enough without stimula-

tion; and we especially should not administer an agent that will retard those organic transformations that already progress slowly.

Women, as a rule, partake very freely of coffee. For many reasons, however, they should use it with much moderation. There are numerous observations, not without value, that show it tends to produce leucorrhea.

Therapeutics.—In many individuals strong coffee relieves headache. In miasmatic countries it fortifies the economy against the effluvium of swamps, and is the drink par excellence. Without coffee many parts of Algeria would be uninhabitable. Next to ammonia coffee soonest relieves the system of alcoholic intoxication. That coffee is an admirable remedy in opium poisoning, is well known. In the *Repertoire of Pharmacy*, for 1847, a case is related of a boy who had taken fifteen grains of acetate of morphia. Four grains of tartar emetic were given without effect. Resort was then had to very strong coffee, ten ounces of which was administered in twenty-four hours. The child recovered. That it was a true case of poisoning was proven by finding morphine in the urine. When used as an antidote to opium, it should be given very strong and in very large doses. The administration of it, at intervals, should not be remitted for twenty-four hours, and the patient should not be permitted to sleep, resort being had to whipping, if necessary, to prevent somnolency. It has also been praised as an antidote to poisoning from the deadly *solanaceæ*, mushrooms, digitalis, strychnine, and in asphyxia from inhalation of charcoal fumes; but its efficacy in these cases is not well established.

In convalescence from several acute diseases, coffee is of much service for combatting somnolency and cephalalgia. For this purpose Martin Solon and Trousseau recommended it in typhoid fever, and Boerhave in certain grave forms of variola. As a palliative in certain forms of asthma, it has often proved exceedingly efficacious; and, according to Guyot, it is very valuable in the last stages of whooping cough. In scorbutis, and some forms of albuminuria, it has been recommended.

We terminate this rapid summary of the use of coffee in disease, by quoting the words of our colleague Trousseau: "We can only desire that therapeutists more frequently employ this hygienic agent, so puissant, and, at the same time, so inoffensive."

Medical Societies.

CINCINNATI MEDICAL JOURNAL AND LIBRARY CLUB.

H. E. FOOTE, M. D., PRESIDENT.

E. B. STEVENS, M. D., SECRETARY.

Hysteria.

Dr. A. M. Brown read the following report of a case:

On the 19th of December last, I was requested, by my brother, Dr. W. T. Brown, to take professional charge of one of his patients, Maggie Keifer, aged 13 years, American; nervo-lymphatic temperament. Upon visiting her found her lying upon right side with face to the wall, hands over eyes and forehead, apparently sleeping. Roused with difficulty; could hardly get her to put out her tongue, which was moist, not coated; pulse 89, soft, compressable; respiration 14, perfectly normal; pupils of eyes contract and dilate readily; sensibility very much impaired; bowels incline to be constipated; does not pass urine except when the bladder is so distended as to give pain; requires to be assisted up but if no one is there is able to help herself appetite not good, but will take a little of what ever is offered, except that once every three or four days when she will refuse for about twenty-four hours, everything that may be offered. Upon being aroused complains of great pain in forehead, and for awhile expectorates considerable quantities of mucous, slightly tinged with blood, but physical examination shows that there is no disease of either heart or lungs.

Several times during twenty-four hours, (generally at night), has general convulsions, tetanic in character, lasting from ten to twenty minutes, gradually passing off, leaving her in the same condition of apparent coma as before.

My brother first saw her on the night of the 6th of November; treated her with 10 gr. doses of bromide of potassium every two hours, with such good results that in a week she was apparently as well as ever, remaining so just a week, attending in the time a festival of the Sunday School, of which she was a member. On the 18th of November he was sent for again, she having another

convulsion. This time the convulsions continued coming in more or less frequently every day, with an interval of apparent unconsciousness in despite of the bromide, anti-spasmodics, nervous stimulants, blisters, and the whole catalogue of remedies that have been used and recommended for cases of this kind.

In August, of 1867, Maggie saw her father kicked by a horse, fracturing the skull, causing death. Since that time her mother says that she has been dull, stupid, inclined to sleep a good deal, always complaining of headache, but not positively sick until the first convulsion. Diagnosis—Hysteric convulsions and coma.

Treatment.—R.—Alc. Ext. Nucis Vomicæ, gr. $\frac{1}{3}$,
 Valerianate of Iron, }
 " Quiniæ, } a. a. gr. i.
 " Zinc, }

Three times a day, sponging the body night and morning with cool water, generous diet.

December 14th.—Convulsions and coma still continue; pulse 120, feeble; respirations 30, panting; ordered 5 grs. of ammoniæ carb., every two hours; pills continued. 15th. Symptoms the same; continued treatment. In the afternoon Dr. Carson saw her with me, he could find no disease of heart or lungs. By his advice the carb. of ammonia left off, and half tablespoonful of cod liver oil given three times a day; pills continued. No attention paid to the frequency of pulse or breathing, which continued until the night of the 19th, when, after vomiting about a half pint of bloody mucus, they became less frequent, more full and strong. On the 19th I left off the zinc and increased the iron to two grs. in the pill.

December 20th.—Menstruation commenced for the first time, continuing for four days, during which time the convulsions ceased, the comatose condition less and less marked; would sit up in bed and tell of what she wanted and expected to get for Christmas, among other things was very anxious for a doll. On the 24th I told her that if she was up and dressed when I came Christmas, that I would give her one, and sure enough Christmas Maggie was up betimes, dressed and waiting impatiently for me with the promised baby; and for eight days she continued to sit up, walk about, appearing as well as anybody, yet I continued the medicine all the time.

January 3d.—Patient as at first, except has none of the convulsions, but at night screams with pain which she locates on left

side of face; these screaming spells last for an hour or two, then she becomes unconscious again; but whenever aroused complains of the pain.

January 7th.—Dr. White saw her; condition about the same; advice that, 20 grs. muriate of ammonia in $\frac{1}{2}$ oz. of camphor water be given her every three hours; other treatment continued.

January 12th.—Was sent for at 12 o'clock at night; patient perfectly well; wanted to go home, crying out that her mother and everybody was pounding her on the head, and that she wanted Dr. Brown to drive them away; yet she did not appear to be conscious that I was there; gave her twenty-five grs. bromide of potassium, and in about ten minutes she went to sleep; ordered her mother to give her ten grs. every two hours if she waked up, but she did not.

January 13th.—Tried electricity to arouse her, but as yet it has seemed to do no good.

January 15th, 1 P. M.—Sent for in great haste; Maggie was dying. Upon arriving found the same old story, with the addition of lock-jaw. Since the night before they had been unable to get her to open her mouth, neither could I until I applied the battery, passing the current through her lips, keeping it up until she would do everything that I wanted in the way of opening her mouth; it also opened the eyes of the mother to the fact that, Maggie was not as near death as she appeared to be.

During the whole time that I have been treating her there has been but little change for better or worse, except at Christmas, but many slight changes in symptoms, but all of the same hysterical nature. To relate them would take up too much time, and give no better idea of the case than you can have from this general history. It is often difficult to determine, in these cases, whether there be any organic disease of the nervous system or not; certain there was not at first, in this, the sudden improvement of her condition, under the mental stimulation of going to the festival, and receiving a present, and the quick change for the worse, when the excitement of these things wore off, show that, but long continued functional derangements will bring about organic changes, and may not that be the result in this case?

At first, and probably now, it is mental—a disease of the will, if I may be allowed to call it so—brought about by the sudden and great shock to the nervous system one year ago, and not fully developed until now, that the nervous system is disturbed

by the change being undergone in her bodily organism at this the climactic period of her existence.

The tonic plan of treatment that I put her upon, and have kept I think is the right one, but it is not enough. Moral force, and may be physical punishment or pain must be used. She should be given to understand that, instead of receiving sympathy she will be punished if she does not cease complaining. She should be compelled to get out of bed, sit up and walk around every day. This I cannot do, as I cannot get her mother and friends to think with me that her pain is imaginary, that her inability to walk and talk is a deficiency of the will. Could I get her mother to send her to the hospital, where she would be away from those that sympathize and thus keep up in her the idea that she is suffering physically, I think that she would soon get well. But as I cannot do this, I think she will linger along for awhile, and finally die, and the pathologist may search in vain for some cause of death.

CINCINNATI ACADEMY OF MEDICINE.

JOHN DAVIS, M. D., PRESIDENT,

J. L. NEILSON, M. D., SECRETARY.

Svapnia and Sweet Quinine.

By J. S. UNZICKER, M. D., Chairman of Section on New Remedies and Pharmacy.

I offer for inspection to the Academy of Medicine, on this evening, a sample of the above new preparations, lately introduced by one of our most excellent and energetic western pharmacutists, Frederick Stearns, of Detroit, Michigan. The name *Svapnia* is derived from the Sanscrit, signifying sleep. Mr Stearns says:

"*Svapnia* is a new and desirable form of opium, purified from all inert matter, such as vegetable fibre, etc., and with the *thebaine*, *papaverine* and *narcotine* of the drug removed entirely. It represents the *anodyne* and *soporific* properties of opium completely, whereas *morphia* is but one of them. The alkaloids *morphia*, *narcia* and *codeia* in this purified opium are in the combination existing naturally in the drug. It is made by assay:

hence its uniformity is as great as that of morphia, a very great advantage over crude opium. It is solid and permanent, in scales like citrate of iron, can be readily powdered or solved in cold water. Patients will bear the svapnia who can not tolerate opium or morphia. Its effects are more soothing and hypnotic than either. Those compelled to use opium, habitually, will find this much preferable to crude opium. Medium dose for an adult one grain in powder, pill or solution, and it does not constipate the bowels like opium itself. The price per ounce will always be at least three-fourths less than that of sulphate of morphia."

The process for making the svapnia was first discovered by Dr. J. M. Bigelow, Surgeon U. S. Marine Hospital, Detroit.

Sweet Quinine.—"The invention of Dr. Wm. Bullock is a valuable discovery in pharmacy. It divests one of the most important of known remedies of its greatest objections—its intense bitterness. Sweet quinine is as definite a chemical salt, as the sulphate (or bitter) quinine, is made direct from the same source—Peruvian bark; has, like it, positive tonic and antiperiodic power. In sweet quinine each atom of the alkaloid is enveloped in *glicion*, the sweet principle of liquorice, and it forms an aggregation of minute sugar-coated molecules of quinine. Sweet quinine is not offered as a substitute for the sulphate (or bitter) quinine, but to *replace* its use. It may be trusted in the most important and obstinate cases, and is to be used in all intermittent or other diseases requiring the use of quinine or Peruvian bark. In using sweet quinine the dose is regulated by the experience of the prescriber or user in giving sulphate (or bitter) quinine, adding one-third more, that is using *four* grains of sweet quinine when *three* of sulphate (or bitter) quinine would be used. The simplest way to take it is to place it on the *tongue* and swallow it with the saliva or with water, doing away with the necessity of making it into pills or mixtures, or of employing inconvenient means resorted to, to help swallow the bitter quinine.

Sweet quinine, if used in *acid or alcoholic* mixtures, has its bitterness instantly developed, and when such are required at the same time, should be used alternately with it, between doses, and are so suggested to be used, as it is often desirable to use acids or spirits with tonics and antiperiodics. When sweet quinine is wished in liquid mixtures, they should be aqueous or syrupy

ones. Experience so far with sweet quinine leads to the belief that it is less apt to irritate the stomach than sulphate (or bitter) quinine. The use of an opiate at the same time, in very minute quantity, will correct that tendency."

"Sweet quinine is sold in bottles of one ounce only. *Svapnia* is sold in bottles of one ounce, and also half ounce. Trial parcels of the value of 50 cents or \$1.00 will be furnished, upon the receipt of either of these amounts, by the manufacturer, and sent (postage paid) by mail to all physicians and others desiring to test the article. The price, per ounce, of sweet quinine will always be at least ten per cent. less than sulphate of quinine."

I find that sweet quinine dissolves readily, in dilute sulphuric acid, with its bitter qualities restored, but it does not dissolve in alcohol. The great difficulty we frequently encounter in our practice, in the administration of bitter articles to children, must make the sweet quinine a valuable addition to our *Materia Medica*. As the bitter principle seems not destroyed nor abstracted, but merely concealed by *glicion*, there is no doubt, under the circumstances, but that the effective power of the bitter quinine is retained, and the advantages, on that account, seem very apparent. Consequently, the profession may find it to their advantage by giving it a fair trial.

Svapnia is also worthy of a fair test, believing it to be a good preparation. But I must here remark, as my belief, that the toxic or injurious principle of opium, whatever that may be—we must believe the effects produced as claimed, from all the different preparations and inventions, from McMunn's elixir down to the present time—is yet unknown. Every manufacturer, it seems, wishes to steer clear of the narcotine as the great cause of all the trouble to the brain or stomach. The word Narcotine is a misnomer, and should have been applied to morphia, and the former more properly named after the God of sleep—"Morpheus." Having used narcotine extensively for many years in my practice, and more especially in diseases of children, I can testify that it possesses less of the toxic principle of opium than any other of its alkaloids, except it be narceine, of which I took myself half grain doses, without an effect of any kind whatever, whereas, from an idiocyncrasy to all narcotics, I am powerfully effected by even one-sixteenth of a grain of morphia.

There are now *nine* undoubted principles with markedly distinguishing characters known to exist in opium, some very

recently discovered. Why may not continued searches finally lead to the greatest discovery of them all—the actual toxic principle of that drug?

Hernia in the Horse.—Operation by Lateral Compression.

By G. W. BOWLER, V. S. Reported to the Academy of Medicine by J. S. UNZICKER, M. D.

Lady Wilkes, six and one-half years old, who has trotted her mile in two minutes and thirty seconds to wagon when four years old, was taken with hernia four months ago, cause unknown, but supposed to have originated from a kick. Hernia at first only four inches long, but when operated on it was fourteen inches in length, about eight inches in width, and hanging down about ten inches, containing the whole colon, and making it difficult for the animal to move her hind legs. She was under careful preparation four weeks previous to the operation. On the 28th of October, while under the influence of chloroform, she was placed on her back, the hernia reduced, and the walls of the abdomen placed between two clamps the length of the hernia, and the ends tied together; then four stitches were taken through the integuments and tied over the clamps, and a bandage applied around the abdomen.

November 7th.—Bandage removed, doing well, dressings reapplied.

November 10th.—Parts outside of clamps sloughed away, clamps removed, granulation healthy, doing well.

November 12th.—Complete union to about four inches.

November 16th.—Union complete, and was then out walking for the first time.

Things went on well until the 18th, when, undoubtedly, from the effects of the snow storm and chilly damp atmosphere, she suddenly took cold, terminating in a violent attack of inflammation of the bladder, of which she subsequently died.

Post Mortem.—Bladder greatly inflamed, but union of the parts operated, complete. Other parts healthy.

REMARKS.

I have considered this operation of sufficient importance to report to the Academy. As far as known Mr. G. W. Bowler is the first who has performed this operation successfully. I call

it successfully because union was complete, and the animal would, undoubtedly, have lived, had the weather continued favorable, and the change from warm to cold not been so sudden.

Mr. Bowler has one of the best conducted hospitals for the cure of quadrupeds in the West. It is kept very neat, clean and well ventilated. In the office, connected therewith, you will find a well arranged drug establishment, comprising all the necessary medicines in veterinary pharmacy, together with the needful requirements for compounding the same. Also, a good assortment of instruments and pathological and anatomical specimens. In the rear of the hospital a forge is placed, an indispensable article in a well conducted establishment of the kind.

Hospital Reports.

CINCINNATI HOSPITAL.

Service of W. H. MUSSEY, M. D.

Surgical Clinic.

JANUARY 13th, 1869.

FIRST CASE.—A. W——, eighteen years of age. Two years since fell from a building and sustained a compound fracture of the leg, including both tibia and fibula; was confined six months to his bed.

Present Condition.—Appearance either of malposition of fragments in the bone of the leg, or a dislocation of the tibia backward upon the epiphysis with true ankylosis of knee joint; and the existence of talipes varus to compensate for the malposition of the tibia. There is an ulcer upon internal aspect of tibia at the junction of the superior and middle thirds three by two and one-half inches, intimately connected with the bone tissue, in fact, it is upon the surface of the tibia. The bone is enlarged and the suffering from pain in the entire bone is constant, but

greatly exaggerated at night. My diagnosis is osteitis—inflammation of the bone—of the whole bone tissue, not only of the exterior but of the internal structure. The cancellous tissue—this has been of so long standing that I propose to perforate the bone—I do not expect to find abscess, but an inflamed or congested condition of the cancellous tissue, and my experience has taught me that, if I can secure a long continued suppuration, a cure will be effected. My plan is to keep the orifice from closing by the use of sponge tents or the tent of the *laminaria digitata* (the sea tangle tent). I would not allow a closure of the wound in the bone for months.

I now proceed to chloroform the patient to the anæsthetic point. As you see, the patient can not bear pressure upon the tibia, upon any part, without suffering. I make a perforation at the lower extremity with a trephine three-fourths of an inch in diameter and one and one-half inches from the epiphysis of the superior extremity of the tibia. The hemorrhage is profuse and the pulsation indicates the action of the internal artery. I find the tibia quite hollow and the cancellous tissue in a state of *rarefaction*. The impression my finger receives is that of thin laminae and abundant cells so far as I can reach. I propose to keep these perforations open till the granulations fill the entire cavity.

The next patient I present to you is C. R. M——, aged twenty years, with some disease about the hip. Two years since he fell upon the ice and injured his hip; went to bed at once, and remained one month; pain was immediate and violent, and swelling around the hip and thigh extensive; after one month was out of bed and around, with difficult locomotion. After six months from the time of the injury the swelling “broke,” and a large discharge of pus followed. Two months since a second opening took place. There seems to be false ankylosis of the hip joint, for you notice when the patient moves the limb the pelvis moves with it. But on making freer motion with the patient in the horizontal position, the femur moves upon the ileum. There is, therefore, no ankylosis, either false or true.

Let us explore the opening and the sinus of which it is the outlet. You perceive the probe passes from over the trochanter major backward and around till it reaches a point within an inch of the sphincter ani, directly backward from the part of entrance. I can detect no evidence of diseased bone. The sinus seems to

be entirely external to the bone, and there is no evidence of hip disease—*morbus coxarius*. My proposition is to make a counter opening at the most dependent point, but a "consultation" proposes the dilatation of the external opening to secure a free exit of the results of suppuration. I will order tents of the *laminaria digitata*, and administer tonics, but shall probably make a counter opening at a subsequent time.

The third case is that of M. O'N——, aged seventy-one, who has suffered from sores of the left inferior extremity for twenty years, with more or less violence of ulceration. Eight days since there was a violent seizure of the pain and disorganization of the integument of the dorsum of the foot, and you now see a slough which will include the entire skin. You notice the varicose condition of the veins of the entire lower extremity. I direct fermenting poultices, of yeast, molasses and flour, with tonics of iron and quinine.

The next case I present to you is one of extensive chancroid with the characteristic bubo in the groin, including an extent of two by three and one-half inches with over-hanging margins. These margins should be clipped away, and the ulcer allowed to heal by granulation, the local poison being antagonized by carbolic acid.

Service of W. W. DAWSON, M. D.

Reported by M. B. KELLAR, M. D., Assistant Resident Physician.

Surgical Clinic.—Lithotomy.

George S——, private patient, admitted into the hospital January 7th, 1869, age 12; nativity, Kentucky, history as given by his father. He states that, six years ago, noticed the boy having his hands on his penis and was constantly squeezing and pulling the organ to relieve the pain and discomfort which he appeared to suffer, complaining at times of great distress, in the act of urination, otherwise he appeared well. Twelve or thirteen months after these symptoms were noticed by his parents, the child would complain of pain in the bladder upon riding, driving or jumping; was inclined to remain quiet. Micturition became more frequent, the pain being much aggravated, toward the termination of, or immediately after the bladder was evacuated.

Occasionally there would be a sudden stoppage of the urine before the bladder was emptied. All these symptoms increased in severity up to three years ago, when his water constantly dribbled from him. Latterly he has had incontinency of fœces. His sufferings are much increased, never free from pain; unable to lie, sleeps in a chair.

Present Condition.—A small, emaciated, anemic boy of a highly strumous diathesis; expression bright; "is much of a man;" pulse 115 to 120, not full or strong; tongue is slightly coated white and moist; appetite poor. Aside from the patient's inability to retain his fœces, his bowels appear normal. His urine is thickly loaded with mucus. No intra-thoracic lesions detected; abdominal viscera normal. Upon sounding the bladder a calculus was readily discovered, and when struck suddenly, with the sound, a sharp, clear click was elicited, which was easily heard by the by-standers.

The boys general health being very poor, Dr. Dawson was anxious to build him up with tonic and nutritious food before operating. These means, however, proved utterly futile, for instead of the little fellow gaining in strength he steadily lost, day by day, in consequence of the great amount of irritation produced by the calculus in the bladder. On the 14th inst., Dr. Dawson removed the stone by the lateral operation. The hemorrhage was considerable, losing from vi to viij 3. The stone was in the shape of a parallelogram with its angles rounded off. It measured one inch and a quarter in length, one inch and one-eighth in breadth and three-quarters of an inch in thickness, and weighed two hundred and sixty grains.

The patient reacted well after the operation; was placed on his back and an opiate ordered to keep his bowels confined; to have beef essence and bland drinks. No application to wound except a pile of cloth to catch his urine.

Service of GEO. MENDENHALL, M. D., Prof. of Obstetrics in the Miami Medical College, and Obstetrician to the Cincinnati Hospital.

Reported by M. B. KELLAR, M. D., Assistant Resident Physician.

Female Clinic.—Carcinoma of the Uterus.

Elizabeth H—, admitted December 3d, 1868, aged 46, widow, mother of nine children; last confinement ten years ago. Her mother died of tuberculosis. States that up to one year ago she

menstruated regularly every four weeks, perfectly free and natural, at which time her catamenia appeared every three weeks, associated with some pain, otherwise they were natural. In July, last, they suddenly ceased, producing considerable constitutional disturbance. In October they returned; the discharge was profuse and clotted. The hemorrhage was so large that she was compelled to take to her bed, to which she has been confined ever since. No hemorrhage since; but there has been a constant leucorrhœal discharge, tinged, at times, with blood, but not very offensive. The only thing complained of now is a sense of weight in the hypogastrium, with general debility.

Present Condition.—She is of a highly nervous temperament, hysterically inclined; considerably emaciated; very anemic; and complexion of a light straw color; skin cool and harsh. Tongue is normal; pulse 112 to 115, small and feeble; appetite poor; bowels obstinately constipated; urine normal, as to quantity and quality. No intra-thoracic lesions detected. Liver and spleen are healthy; some tenderness in the right iliac fossa. The leucorrhœal discharge, for a week past, has been rather profuse, consisting of a thin, dark, yellowish fluid, tinged, at times, with blood, while at other times it has the appearance of beef washings, and without well-marked feter, except at intervals. At no time, since admission, has had the slightest hemorrhage. Upon digital examination, per vagina, the uterus was found low down; the vaginal portion of the neck being three or four times its normal size, nodulated and hard, without much pain on pressure. The vagina is not implicated. The body of the uterus is somewhat enlarged and tender, when counter pressure is made on abdomen. Nothing else abnormal detected in the pelvis.

GENTLEMEN: Allow me first to make a few remarks upon Carcinoma of the Uterus, in general, before referring to the case before you. We have the fibrous carcinoma or scirrhus, and medullary or soft carcinoma. The difference between them being in the quantitative relation of their fibrous structure, or frame work to the carcinomatous substance, according to Prof. Klob of Vienna; and if opportunities for *post-mortem* should occur, early in the disease, the scirrhus form would be found more frequent, while the usual examinations are made in the advanced

stages, and the medullary form discovered to be the usual development of the disease.

At the commencement of the disease it is difficult, nay impossible, to distinguish, at least with the naked eye, from that process known as diffuse proliferation of the connective tissues of the neck of the uterus, or, in other words, from simple hypertrophy. The disease attacking the vaginal portion of the cervix, which is the most frequent seat, becomes hard and tumified with marked distention of the superior portion of the vaginal wall, and an increase of the cervix twice or more its normal size. This may occur without the mucous membrane participating markedly in the degeneration. A section of such a tumified portion presents a pale gray or grayish-red appearance, the tissue being very firm and dense. With the knife you can succeed in scraping off a small quantity of albuminous, slightly turbid fluid, and a microscopical examination of which will reveal a small number of free nuclei and cells observed in malignant growths. In proportion now, as the firmness of the hypertrophied portion diminishes, its fluid becomes more turbid from the admixture of the disintegrated tissue. The degenerative process goes on until it is a pulpy, soft, brain-like substance, which is characteristic of the medullary carcinoma. When the mucous membrane becomes involved in the ulcerative process, the cervix may occasionally slough away, leaving the vagina of a funnel shape, or the disease may go on and involve the body of the uterus ere death puts an end to the patient's sufferings.

Sometimes a spontaneous cure is effected by the disease being arrested at the internal orifice of the uterus after the neck has sloughed away. This is, however, very rare. The cause of this may possibly be looked for in the circumstance that the connective tissue, which is the germinal seat of the carcinoma, predominates in the cervix, while the smooth muscular fibres prevail in the body of the uterus. Now, the reason why the scirrhus variety of carcinoma is so seldom met with after death, and the medullary so frequent, I believe is simply owing to the fact, that the former being a cocoplasmic deposit, the natural tendencies of which is to retrograde in the scale of organization, and that this softening into a pulpy brain-like mass, such as we find in the medullary carcinoma after death, is simply the disintegration of the hard cancer, and not distinct histological elements.

To be brief, how do patients die effected with cancer of the

uterus? They may die from septicæmia, marasmus hemorrhage, embolia, peritonitis, the result of perforation, dysentery, ascites, secondary deposits, etc. The ages at which it is the most frequent are from 40 to 50, and do not occur before the period of puberty. Melanotic cancer of the uterus is never primary.

Symptoms.—May make considerable progress before known. The symptoms given in the books, are not, by any means, always present. They are pain and tenderness in the pelvic region, menorrhagia and metrorrhagia, ichorous and fetid leucorrhœa, hydrorrhœa, dark and grumous discharge, debility, the cachexia, vesico-vaginal and recto-vaginal fistula; and, then, the physical signs obtained on digital examination *per vaginam*.

Before I speak of the treatment, let me call your attention to the patient, whose history you have just heard, and you will readily perceive that the symptoms just enumerated, as being associated with carcinoma of the uterus, are not all present in this case. She gives no history of severe pain or hemorrhage, save the flow she had last October; nor has the discharge the extent of offensiveness usually present. Yet, upon a digital examination of the uterus, we find the cervix hard and nodular, just such a state of things as we meet with in a well marked case of carcinoma, with all the concomitant symptoms. The examination by the speculum presents the disintegrating surface of the disease. In addition to the nodular condition of the cervix, we have the cancerous cachexia well marked; so that I look upon this case as one of malignancy.

The treatment, which she is now under, is of a sustaining kind. Her diet is of the most nutritious character. To overcome the constipation she was ordered the following combination, and one which I have found to act promptly and kindly in all cases of debility:

R.—Comp. Ext. Colocynth,
Nux Vomica (alc. ext.), a. a., grs. ss.,
Sulp. Quinæ,
Pulv. Ferri, a. a., grs. j.
M.—Ft. Pil—S, take one, two or three daily.

In addition to this tonic pill she is to have applied, locally, Per Chlorid of Iron and water, equal parts, to the os-uteri on cotton twice a week, leaving it in the vagina eight or twelve

hours at a time; after which she is to be syringed once daily, with a weak solution of carbolic acid. Iron appears to disagree with her, and we have suspended its use. To make a short *resume* of the indications of treatment in general, they are to check hemorrhage, relieve pain, correct fever, and sustain the patient by good food, good hygiene tonics and stimulants.

Correspondence.

. CINCINNATI, January 21st, 1869.

EDITOR LANCET AND OBSERVER: In the February number of your journal, 1868, I published an article "*On the Treatment of Inflammation of the Limbs by the Compression or Ligature of their Main Arterial Trunks.*" The paper was prepared in answer to an article in the *London Lancet*, of December 7th, 1867, in which it was stated that "English Surgeons have carried out the principle of the practice to a bold length, neither contemplated nor approved by Vanzetti, (the advocate of digital compression in such cases.—G. C. B.), but none the less interesting, physiologically, on that account. We refer to the ligature of the femoral artery, by Mr. Little, in the case of traumatic inflammation of the knee-joint, on the suggestion of Mr. Maunder."

An abstract of my paper was published in the *American Journal of Medical Sciences*, April, 1868; and in the *Philadelphia Medical and Surgical Reporter*, January 2d, 1869, may be found the following notice of the influence of our communication on the mind of Mr. Maunder:

Priority in Ligature of the Femoral Artery.—In a communication to the *British Medical Journal*, in June last, Mr. C. F. Maunder, F. R. C. S., thus gracefully yields a palm to American surgery. All honor to Mr. Maunder!

"Twelve months ago I proposed the application of a ligature to the superficial femoral artery, to check acute inflammation of the limb following wound of the knee joint. The operation was performed with immediate and continuous benefit, and the patient recovered. I need scarcely say that at that time I believed the suggestion to be original, and have only now been undeceived by

the perusal of a short paper upon the subject in the *American Journal of Medical Science* of April, 1868. It there appears that the femoral artery was ligatured, *first*, for wound of the knee-joint by H. U. Onderdonk, M. D., in the year 1813, and occasionally since that date also in America. It is a curious fact that no surgeon has ever informed me that my suggestion was not original; and it is still more strange that the author of the *Annus Medicus*, 1867, published in the *Lancet*, should have spoken of the operation proposed by me 'as bold and *novel* (italics are mine), and withal successful, surgical proceedings of the year, we may mention the ligature of the femoral artery in a case of acute traumatic inflammation of the knee joint on the principle of diminishing the arterial supply of an inflamed part—a principle suggested by Mr. Maunder, and now under much discussion.' Still, with the evidence before me, it is clear that I can not claim priority in the suggestion; and I hasten, by thus addressing you, to give credit to whom credit is due."

We feel disposed to ask a simple question in reference to this matter. If Mr. Maunder failed to mention the name of the author of the paper which led him so gracefully "to yield the palm to American Surgery," was it creditable to the editors of the *Reporter* to observe the same silence, especially after so full an expression of admiration for the effect produced by our communication?

Respectfully, yours,

GEO. C. BLACKMAN.

Editor's Table.

THE NEW CINCINNATI HOSPITAL.—In the last number of the *Lancet and Observer* we gave a *plan* of this new structure, and a general description of its details. On the 7th of January, ult., the Hospital was opened to the public and fairly inaugurated to its great work of beneficence, charity and instruction. During the day many thousand people visited the Hospital; ladies and gentlemen thronged the wards and offices, and various apartments, from morning until evening.

The dedicatory exercises were held in the amphitheatre, beginning at two o'clock, and long before the hour of commencing, the lecture room itself, and the staircases, even, were filled with students, physicians and a concourse of ladies and gentlemen, eager, expectant and evidently deeply interested in the new enterprise, and the ceremonies which were to formally open the Hospital to its proper and destined uses.

That glorious mass from Mozart, "Glory to God in the Highest," was rendered by the choir in grand style. After which, His Honor, Mayor Wilstach, delivered the keys of the Hospital to the Trustees in a carefully, prepared and happily conceived address.

MAYOR WILSTACH'S ADDRESS.

Trustees of the Cincinnati Hospital:

GENTLEMEN: There are several kinds of pride; pride of birth, pride of station, pride in a great and beloved city's growth. I will make a clean breast of it, and say to you, gentlemen, that I am full of the last named species of pride this day. Indeed, sirs, my heart swells with pride that we have at last accomplished this great undertaking, and that we are enabled this day to dedicate it to its important mission.

I see around me many distinguished gentlemen of the medical profession—a class on whom we must depend, mainly, for the success and right working of this magnificent Hospital. I see, also, a number of our well known citizens; heavy tax payers, out of whose pockets much of the "material aid" must come with which to make smooth the financial feature of this work. They are here in person to sanction what has been done, and to bid us good speed in what ever remains to be accomplished.

I congratulate all classes of citizens that we have this great and much needed institution in our midst; and I congratulate myself that it has been accomplished during my administration. From its inception to this hour, it has received the most anxious care of the members of the Hospital Commission, and to them must be conceded the honor of bringing this enterprise to its present successful culmination. * * *

This spirit is sectional as well as national, and is as characteristic of Cincinnati as any part of the whole country, and to-day we may challenge any other city of the Union to exhibit a pile of buildings equal in all respects for which it is intended as this, *The Cincinnati Hospital*. Its architecture, its spacious wards, its amphitheatre and its halls, are alike creditable to all who have had any part in planning or constructing it.

But it is not merely as a hospital that this building is to be regarded. As a place for clinical instruction for medical students it will afford facilities equal to any such establishment in this

country. It must, therefore, prove not only useful in a medical way, but also in a financial sense, as it will inevitably bring to our city scores of students to enjoy its advantages, who must, of necessity, expend large sums of money, not only for their maintenance, but for medical works and other adjuncts to the successful prosecution of their studies.

I have now the honor, by virtue of my position as Mayor of the City of Cincinnati and President of the Hospital Commission, to transfer to your hands, as Trustees of the Cincinnati Hospital, this building and its appurtenances, trusting that you will so guide its destinies that in the future all the people may truthfully say, "Well done, good and faithful servants."

Dr. David Judkins received the keys on behalf of the Board of Trustees, and responded as follows :

ADDRESS OF DR. DAVID JUDKINS.

MR. MAYOR AND PRESIDENT OF COMMISSIONERS CINCINNATI HOSPITAL.—As the representative of my colleagues in the Board of Governors, I am authorized to receive from you the keys, and therewith the custody and government of the Cincinnati Hospital.

The grounds upon which we are standing to-day were purchased by the city of Cincinnati in the year 1820, and soon after the Commercial Hospital was erected thereon. We need not delay here to review its history, or its mode of government. Suffice to say that it was controlled by township officers, and was, by law, hospital, poor house, and insane assylum. As the population increased, there was, of course, increased demand for room, and the first change was in the erection of the City Infirmary, and the removal of the incurable and infirm poor to more eligible quarters. Further time made further demand, and the next movement was to vacate and tear down the old cells where the insane were kept, removing them to temporary quarters at Lick Run, where soon after they were again removed to their present quarters at Longview Assylum, which latter place needs no eulogium from me. It is writing its own record, and as Cincinnatians we may be justly proud that we are the owners of such a home for that most terrible of all worldly calamities, a mind diseased.

The next change was one of Government. The General Assembly of the State (in April, 1861) enacted a law creating a Board of Trustees, consisting of seven men, in whose hands should repose the government of the institution, and perform their duties without pay. This is the present government, and was organized in May, 1861, and three of our present number have been members during all that period; within which time one of us has been called from his work to his reward. We remember him well, as a thoughtful, intelligent coworker and adviser in this labor of love. I allude to Martin D. Potter.

Long before we entered upon the discharge of the duties imposed upon us, it was well known that the building was unfit for the purposes of a hospital, from the nature of its construction, lack of capacity, etc. After much consultation with each other and leading citizens, a bill authorizing the new work became a law of the State, and in the latter part of the winter of 1866, the old buildings were taken down, and in July, 1867, the new work was commenced, resulting in the progress thus far toward the completion of the present structure.

From time to time during the progress of this work, sharp and often repeated criticism has been made, that the building was too large, involving greater expense than was necessary. Let us look for a moment at some facts. When complete, we shall have accommodation for six hundred sick; and at present, under the greatest pressure, not more than three hundred and fifty can be received, making it necessary to refuse admission, at times, to those that have the legal right to come.

There is at this time in our city somewhere between eleven and thirteen thousand men and women, mechanics, clerks, shopmen, etc., without families, whose homes are in boarding houses, and while health is afforded, can manage to live with comparative comfort; but when sickness seizes them they suffer for thorough means of relief; occupying perhaps a small room in a cheap boarding house, the mistress of which has not the time to spare from her toil to pay them such attention as is essential to their relief and care—no time to watch at the bedside, none to devote in preparation of proper food; ventilation of rooms and their proper cleanliness can not be attended to. In short, they do not, and can not receive such attention as will promote prompt relief and a speedy cure. Here is a home for this class of persons where all these things can be found, and at the same time secure the ablest medical skill in the treatment of their maladies, and not as paupers either, for we shall be prepared with proper wards and apartments for such as are able to pay their expenses.

So far as the expense of the entire structure is concerned the proper parties are prepared to show that, including all outlay in fitting and furnishing, it ranks among the cheapest of its magnitude that we have any knowledge of.

The medical and surgical charge of the Hospital is vested in a staff composed of fourteen able and good men, most of whom have been in the service since the creation of the present Board of Governors. They perform their daily service here faithfully and skillfully, without money and without price. Within the time referred to two of the number have been called to their final account—both faithful, both skillful, bearing a bright record of good deeds in connection with their labor here—Jesse P. Judkins and Joseph B. Smith.

This Hospital is the gift of a generous people; first, for the alleviation of human suffering and the cure of disease; secondly,

that medical science, in its broadest and most cultivated sense, may have a large field for culture and improvement. Think for one moment! Such a gift—with such a motive! Your hearts must throb with genuine gladness and gratitude that the Giver of every good and perfect gift has blessed you with the means to do so much good.

The very name of *hospital* is full of goodness—entertainment and comfort for the guest, whether he or she be known or strange. With dawning civilization it had its origin, has grown and improved as men and women have increased in religion and knowledge. All over the civilized world do they exist—monuments that keep green the memory of their founders, giving constant and increasing evidence of the love of God in the hearts of men, because God is love, and he that truly loves God loves his fellow man.

History reveals the fact that one of the first public hospitals was established and endowed by a woman in Rome (Fabiola); and were time allowed me, I might write pages in reference to what has been done in hospitals by the presence and influence of good women. We need but turn our thoughts backward a few years in our own dear country. While struggling in fearful war for national existence, our brave countrymen, wounded, sick and dying, carried from fields of blood to hospitals, on the Potomac, in Shenandoah's beautiful valley, through our Southern and Western States, seldom failed to find waiting for them the kind hearts and gentle fingers of our dear countrywomen.

To you, sir, I will say that you, as President of the Hospital Commission, with your colleagues, may justly feel honest pride in so faithful and thorough performance of the work committed to your care; and in receiving it from you, and entering upon its government, we feel a strong desire to so manage and conduct its administration that the great result intended may be fully reached.

Dedicatory Prayer was then offered by Bishop McIlvaine.

DR. JOHN A. MURPHY,

On behalf of the Medical Staff, delivered an address, which a want of space will not permit us to publish in full. After giving a history of the old hospital, and the difficulties which the Trustees had encountered in their efforts to carry out their plans, and after describing at length the requisites to a perfect Hospital, he closed as follows:

GENTLEMEN OF THE BOARD OF DIRECTORS: Allow me to congratulate you to-day on having finished, so rapidly, so economically and so faithfully, this beautiful house. The majority of your Board have served since the Hospital was re-organized and placed in your hands, now nearly eight years. Selected by the several authorities by whom you were appointed for your honesty, intelli-

gence and public spirit to serve the city without fee or emolument, I feel sure that you have not betrayed the trust reposed in you, and that to-day every good citizen feels proud of this house, the result of your study and deliberation. No man deserves the name of good citizen more than he who executes great public trusts, without reward, honestly and economically.

Your staff is well acquainted with your labors, and can attest your wise administration of the public money. As the representatives of the city, you feel with me proud of the people who have willingly taxed themselves for so high and holy a purpose.

To erect monuments and statues in commemoration of the heroic deeds of great men is to do a noble work, but to build hospitals for the poor, sick and wretched as free will offerings of benevolence, is still more exalted and ennobling.

The civilization of a people is judged by its public charities, its hospitals, orphan asylums, houses of refuge, insane asylums and retreats for old men and women.

Not forgetting the injunction of not letting "our right hand know what our left doeth," may not the good people have some feeling of pride and satisfaction that we have another great charity fully completed, supported by all, and open to all.

When the people come to see the good results of this Hospital; when they walk through it and inspect it, they will be ready and willing to give you a full meed of praise for your labors. The many honest and decent poor men and women who, when blessed with health and work, are comfortable and happy, but when deprived of the means afforded by labor, and overcome with sickness, have no place but a miserable lodging house, will yet bless you for your efforts.

Who is it that knows the suffering endured by the poor in this city, for the want of a good hospital, better than you and the medical profession? You have, as the agents of the people, erected a hospital equal, if not superior, to any in the country. There are but two which can be compared to it—the City Hospital of Boston, and the one recently erected at Providence, Rhode Island.

The medical staff, tax payers equal with all, and servants without reward in this Hospital, thank and congratulate you. Allow me here to thank on behalf of the staff, a gentlemen no longer a member of your Board, formerly Mayor of the city, Colonel L. A. Harris, for the valuable services rendered to this Hospital. It is to his great good judgment, his clear views of its necessity, and his strong representation to the Legislature that we are indebted for the law under which this building has been erected.

I would certainly fail in my whole duty, if I omitted to mention the talented young architect who planned it. He needs few words of praise from me, for does not his work speak in stronger language than any I can express? It is an effort of which he need not be ashamed.

And now, gentlemen, your medical staff who has sympathized with you, supported and assisted you to the best of its abilities, in your labors, again thank you, and pledges itself here to-day to be with you in the future in carrying out in this house the wishes of all good citizens—the relief of the sick and the comforting of the wretched.

The choir then sang that beautiful production of Haydn, "Now Elevate the Sign of Judah."

ADDRESS OF DR. M. B. WRIGHT.

Dr. M. B. Wright, on behalf of the medical profession, then made an address, from which we make the following extracts:

After referring to the material progress of the city, and the lofty hopes of its future entertained years ago by Daniel Drake, and his efforts for the establishment of a public hospital, he proceeded to sketch the early history of the institution:

Against the erection of the Hospital it was urged that the people could not, without a great inconvenience, furnish means, and that to supply its wants would be an impossibility. The co-operation of Governor Brown was secured, and in accordance with a recommendation in his annual message, a law was passed in 1821, authorizing the establishment of the institution under the name of the "Commercial Hospital and Lunatic Asylum of Ohio," and appropriating for its support one-half the duties arising from sales at auction in Cincinnati.

At the time this law was passed there was no asylum specially appropriated to the cure of the insane. They were confined in jails, in barns, in garrets, in smoke-houses and cellars—incased in tight jackets, their hands fastened with straps and mittens, their legs chained to the floor, naked in midwinter, no friendly voice near, living on offal, and with thirst seldom appeased. They were sometimes assigned to the companionship of brutes, because their habits were brutal. They were often cast out as devils, because they were fierce, destructive and ungovernable. Alas! alas! what revolting scenes of destitution and suffering have some of us witnessed. Intelligent law-makers appreciated the necessity of providing for this helpless, pitiable class, which induced them to engage the more eagerly in support of the hospital project.

The spirit of the times did not rest here. Through the influence of medical men, the Central Lunatic Asylum was established. At a later period another asylum was established at Dayton—then in a more northern portion of the State, and still later in our own county. These edifices attest the benevolence and munificence of our people. They contained at the writing of last year's reports more than eleven hundred patients.

A writer, whose pen was busy in rousing public attention to the increasing importance of Cincinnati, and in describing its edifices, public and private, alluded to the Commercial Hospital in these words:

"It is a large brick building, three stories besides the basement in height, fifty-three feet in front by forty-three feet in depth. The wing is two stories in height, and is twenty-eight by thirty-four feet. The building contains thirteen rooms and thirty-four lunatic cells."

The erection of such a building was somewhat in advance of the spirit of the times, and according to some manifested a reckless waste of public money. And this charge was sustained by proof that ten dollars was paid the draftsman for a plan of the building and specifications for the builder.

The necessity of a new and more capacious hospital was, year after year, urged upon the people, but no definite action was taken until the present Board of Directors came into power. They had before them an institution far behind the spirit of the times, bearing every where upon its surface the impress of age and decay, and its interior arrangements were far short of the requirements of the sick. In the construction of public edifices, especially among a people unparalleled in energy and progress, a due regard must be had of the future. When the old Commercial was constructed, Cincinnati contained a population of 10,000, since which time it has increased to 250,000. In view of this ratio of increase in our immediate population, the swelling tide of emigration, and the contemplated expansion of trade, it may justly admit of doubt whether the wards of this hospital will contain all who may apply for admission.

A hospital properly organized should have for its object not only the cure of the sick within its walls, but the dissemination of medical knowledge. The latter can be accomplished, in part, through those who assemble here for clinical instruction. No man can be considered well qualified to practice medicine who has not had observation and teaching. Thus he acquires not only a knowledge of disease, but the remedies most efficient to cure; still more, he learns when to withhold medicine, a science, almost, of itself.

The confidence manifested by the Directors in their skill and fidelity, must be sustained. The munificence of our people must be met by corresponding benefits. The loud invocations of humanity must not pass by unheard.

I must close, yet I feel that much should have been said of those who have preceded us, and have been with us, and have gone hence. The names of Drake, Jesse Smith, Bohie, Godman, Whitman, Staughton, Eberlie, Mitchell, Oliver, Wooster, Cobb, Mussey, Delamater, Harrison, Shotwell, Lawson, Marshall, J. B. Smith, Judkins, should ever be held in grateful remembrance, and if we can not now unite in bestowing praises, their deaths,

at least, should lead to the reflection that physicians as well as directors, attendants and patients must all meet at last on the same level, and be brought to the same utterance, in spirit if not in word. "An old man broken with the storms of state is come to lay his weary bones among ye; give him a little earth."

The exercises were concluded with another anthem, by the choir, from Mozart—"Let us with a joyful mind"—after which the audience slowly dispersed, feeling that Cincinnati has just reason to congratulate herself upon the completion of her new hospital, by far the most imposing and elegant in its architecture and complete in its appointments of all the hospitals in the West, and surpassed by none in the United States.

THE LEGAL PROTECTION OF MEDICINE.—A great variety of projects have been suggested, from time to time, to advance the mutual interests of the people and the profession by legal enactments. These are all in good spirit and from the most worthy motives, but we sincerely doubt their usefulness. We start out with this general proposition: The sick will always seek that medical advice or aid they *think* will relieve them—the *skill* they seek, not the name of it. To be sure, people are often ill-advised, ignorant, obstinate, or whatever you please to call it, but that don't alter the case; they look to what they *suppose* their interest, and legislation will hardly enlighten them; indeed, for the most part legislation is so generally regarded the work of the doctors, that people even suppose it largely a work of malice or envy. We must simply be content by industry and continued good works, to show people that their true interest is to trust regular educated medicine in times of emergency. We are prompted to make these remarks by reading a bill recently before the Legislature of Florida, but emphatically vetoed, for the creation of a State Board of Examiners. It is a good bill in the main. So far as such bills go we heartily endorse it; indeed, of the kind we should scarcely have any amendments to offer; but it has the intrinsic objection common to all such efforts. The Law of Ohio requires all practitioners of medicine to be first graduates or second practitioners of ten year's standing, or third licentiates of some medical society. The third proviso has essentially nullified its value in stimulating the energy of under graduates; but we suspect there is a feeling that something more stringent is to follow, and that it is high time for physicians to set their house in order.

TO CORRESPONDENTS.—We have on hand a valuable accumulation of accepted matter, and we trust our good friends will be patient with us; we shall use it as rapidly as we can find the place consistent with due variety. In the meantime we trust our Correspondents will continue to crowd us with condensed practical articles.

THE LONDON LANCET.—The great success of the American edition of this old and favorite Journal, has stimulated the English publishers to prepare an edition for American circulation specially. The number for January 2d, 1869, is before us with thirty-four pages well filled, and same size and style as the American issue, making one hundred and thirty-six pages monthly. It is proposed to afford this original London edition, weekly, to American subscribers for \$12.00 a year. Mr. Robert Clarke is the Cincinnati Agent, and those interested will address him.

Those, however, who are contented with the well known and very excellent American re-print, can secure it in connection with the Lancet and Observer for \$4.00; *i. e.* Lancet and Observer and London Lancet for \$7.00.

GORDON'S GLYCERINE.—Some time ago our friend, W. J. M. Gordon, of this city, was burned out, but we are pleased to see that he is re-built, and thoroughly equipped for making almost every sort of chemicals. We have before us a specimen of his Glycerine, that to all common taste, smell and sight, is equal to any we have ever seen.

ARCHIVES OF OPHTHALMOLOGY AND OTOTOLOGY.—Wm. Wood & Co., of New York, propose to publish, simultaneously in New York, with the German edition, in Carlsruhe, the above semi-annual Archives, each half yearly part will contain two hundred and fifty to three hundred pages, and be handsomely and fully illustrated. The first number will be issued about the first of May next. The subscription price will be \$7.00 per annum. Address the publishers as above.

THE METHODIST ALMANAC FOR 1869 is laid on our table. It contains a great deal of information and a variety of attractive matter. There are some valuable quack advertisements, inseparable, we suppose from any church publication. Any one desiring this little manual can obtain it from any Methodist clergyman.

FLORIDA; *its Climate, Soil and Productions* is the title of a pamphlet Mr. Treasurer Dr. Conover has sent us. It is intended to provoke emigration to this tropical clime. Mr. DeSoto spent a valuable lifetime in that region searching for the fountain of youth, and up to the present time we only hear of him and his successors becoming familiar with alligators and sand bars. We prefer Ohio.

BOSTON MEDICAL JOURNAL.—With February, inst., this venerable journal, one of the oldest in America, enters upon its 80th volume, and, therewith, the present excellent editors give way on account of other engagements, and are succeeded by Drs. Parks and Lincoln. Dr. Parks enters upon the charge of the journal with experience, and will doubtless sustain the present well earned repute of this representative of New England.

AMPUTATION OF THE UVULA.—With a view to prevent, in great measure, the painful sensation arising from the passage of a bolus of food across the raw stump of a previously elongated uvula, Mr. Maunder proposes to amputate this organ by the double flap method. These fall together, and their cut surfaces being in contact, no raw surface is exposed to irritation. He recently adopted this plan with a highly satisfactory result, introducing a small suture to maintain coaptation of the flaps.—*London Lancet.*

WATER-PROOF PAPER, which may be used with excellent effect in packing goods likely to be exposed to damp or rain, may be prepared by treating strong unglazed paper with a mixture of equal parts copal varnish and linseed oil, with a little litharge to promote drying. The paper may either be painted alternately on either side with this mixture, or better, be immersed in a shallow pan containing it, and drawn out over a wire stretched across near on end.—*Journal Franklin Institute.*

Business Notices and Acknowledgments.

NEW BOOKS.

GREENHOW—Chronic Bronchitis. Lindsay & Blakiston.

BODENHAMER—Anal Fissure. Wm. Wood & Co.

KLOB—Pathology Female Sexual Organs. Wm. Wood & Co.

THOMPSON—Urinary Organs—Diseases. H. C. Lea.

MACKENZIE on the Laryngoscope. Lindsay & Blakiston.

CLEVELAND'S Medical Dictionary. " "

WYTHE'S Dose and Symptom Book. " "

NOTE.—The crowded state of our number forbids us any attempt at a bibliographical notice of any of these and other new books on our table. We shall do so, however, at an early date.


LITERARY.—The magazines start off the new year with elegant style. The periodicals of Fields & Osgood, the *Atlantic*, *Our Young Folks*, and *Every Saturday*, are promptly on our table, and fully sustain their well deserved reputation.

Oliver Optic's Magazine for the children, issued every week, is certainly the best thing of the kind in this country. The only fault we have is, that we *fail to receive it* at least half the time, which is very vexatious to the little chaps who come in to the sanctum, toward the end of each week, and inquire if "Oliver has come?"

Godey, old reliable *Godey*, starts off the year like a young horse from green pastures.

Braithwaite's Retrospect.—Part 58, January, 1869, is received just as we go to press, and we look over it in haste only to see that it keeps up its ancient excellence; and already many thousand physicians in the United States regard it as among their indispensables. We presume our friends who subscribe through this office will be promptly supplied. *Lancet and Observer* and *Braithwaite*, \$5.

PALMER'S LEG.—We still hold an order for sale, and trust some of our friends will be interested enough to send us a purchaser. We can make it an object for some one leg man.

 TO PHYSICIANS.—A Location for Sale. In a pleasant village, surrounded by a beautiful, rich country. Improvements: A two-story house, good well of water, stable, buggy shed, corn crib, lot well set in all kinds of fruit, etc.

Address,

W. K. WILSON,
Mutual, Champaign Co., Ohio.

Obituary.

THE LATE DR. F. SCHUERMANN.—At a meeting of the medical profession, held at the Dental College Monday evening, January 11, 1869, for the purpose of testifying their respect for the memory of the late Dr. Francis Schuermann, Dr. Dawson was called to the chair, and the following resolutions were unanimously adopted:

WHEREAS, God in His allwise providence removed, after a lingering illness, our friend and colleague, Dr. Francis Schuermann, one of our oldest members, who died on the 1st of January, after a long life of professional usefulness, in this city.

Resolved, That we have received the intelligence of the death of Dr. F. Schuermann with the deepest sorrow.

Resolved, That we deplore the loss which our profession has met with through his decease.

Resolved, That these proceedings be published in the daily papers and medical journals of this city, and that a copy of these resolutions be sent to the family of the deceased.

DR. A. ROSENFELD,	} Committee.
" WM. CARSON,	
" C. S. MUSCROFT,	
" J. P. WALKER,	
" J. S. UNZICKER,	

DR. F. BRUNNING, *Secretary*.

DIED, in Providence, R. I., December 19, 1868, aged eighty years, Usher Parsons, M. D. Doctor P. was the last survivor of Commodore Perry's officers at the battle of Lake Erie. He was one of the founders of the American Medical Association, and during its early years a constant attendant at its meetings. He was the author of several medical works, and a contributor to various medical journals.

GENERAL SUMMARY.

Division.	Classes.	DISEASES.	AGE.				Total.	Vaccinated in Youth.	Ratio per 100.	RESULT.			GENERAL REMARKS.			Fully recover- ed from re- vaccin. from	Not recovered from Prim. Chan.	Ratio per 100.	History of Cases Free from Syphilitic Taint.														
			18-25.	25-35.	35-45.	45--				Recov- ered.	Doubtful.	Died.	Vaccinated in Hospital.	Not, but Disease commenced in Hospital.	Admitted after Eruption of Dis- ease.				Gonorrhea.	Primary Chancre.	Ratio per 100.	No. of Cases.	Vaccinated in Youth.	RESULT.			Not Vaccin- ated in Youth.	RESULT.			Ratio per 100 of such not vaccinated in childhood to whole of cases.		
																								Recov- ered.	Doubtful.	Died.		Recov- ered.	Doubtful.	Died.			
I	a	Gland. Enlargt.....	5	4	11	1	21	9	42.85	13	8	...	6	4	11
	b	Subcut. Abscess.....	2	1	4	...	7	6	85.70	3	4	...	4	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	c	Furuncles.....	8	...	2	...	10	5	50.00	10	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	d	Pemphigd. Eruptn.....	5	2	4	...	11	5	45.45	11	...	...	4	4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	e	Vesicles.....	8	4	4	1	17	9	52.90	16	1	...	5	7	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	s	Erratic	13	9	3	2	27	21	77.77	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	b	Metast. } f. Erysipel.....	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	8	Oedemat. }	4	5	2	...	11	8	72.70	7	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	s	Phlegm. }	19	21	15	14	69	34	49.25	43	24	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	g	Gangrena.....	7	14	13	4	38	19	50.00	19	17	2	6	15	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
II	h	Caries Ossium.....	...	1	...	...	1	1	100.00	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	a	Diath. Scrof.....	1	3	...	...	4	2	50.00	...	4	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	b	Laryng. Syphil.....	1	13	...	...	14	13	95.00	11	3	...	...	5	9	1	...	1	...	...	07.14	12	7	6	1	...	5	5	...	...	...	35.71
	c	Syphil. Vesic.....	14	9	11	...	34	4	11.76	...	...	...	2	18	14	7	2	...	...	...	26.47	25	4	4	...	...	21	13	8	...	...	61.76
	d	" Pustul.....	14	9	7	3	33	11	33.33	4	10	19	3	5	2	30.30	23	9	8	1	...	14	5	9	42.42
	e	" Papsul.....	19	21	6	8	54	17	31.48	...	...	...	6	12	36	9	1	...	...	...	18.52	44	13	11	2	...	31	16	15	...	...	57.40
III	f	Bubo.....	...	...	1	1	2	1	50.00	...	...	...	...	...	2	1	...	...	...	...	50.00	1	1	1	...	...	...	...	...	...	...	...
	g	Necros. Syph., etc.....	1	...	2	2	5	1	20.00	...	...	...	...	1	4	2	...	...	...	...	20.00	2	2	...	2	...	1	...	1	...	...	20.00
	a	Diath. Cancer.....	...	1	...	...	1	1	100.00	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	c	Scorbut. Diath.....	11	29	41	13	94	45	47.87	73	15	6	25	17	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....			134	147	127	49	457	212	50.76	233	87	10	90	132	235	23	8	3	25.40	108	36	30	6	...	72	39	33	36.21		



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Original Communications.

ART. I.—*A Synopsis of Four Hundred and Fifty-Seven Cases of Spurious Vaccination, with Remarks.*

By B. ROEMER, M. D., Kanawha Salines, W. Va.

When in a recent debate, before the Academy of Medicine at Paris, M. Guérin protests against animal vaccination, because of its exclusiveness in application and theorism, the question was silently admitted, that the vaccine matter of the old mode had degenerated in preservative power. M. Bousquet, who defended for a long time the unimpaired prophylaxis of human vaccination, conceded then, that the virus so obtained was often contaminated by specific poisons, and he reserved for himself this question only, before acceding fully to the demands for a new method of vaccination, "whether such a degeneration is general in all countries, and whether this degeneration is the result of a poison, characteristic of the vaccine lymph itself, or whether the abnormal phenomena of human vaccination are not rather the visible influences of variolous epidemics of more powerful virulence;" so that, perhaps, to carry out this idea still further, the former and protective ratio between a certain degree of variola and vaccination, has been disturbed to a preponderance for variolous power over the human system, without addition to the prophylaxis of

vaccine virus; and that, consequently, the former legitimate ratio has become inapplicable and faulty, because of the increased magnitude of one of its terms.

M. Bousquet could have used stronger language in reference to variolous influences upon vaccination; for epidemics of small-pox may not only increase in power, and thus subvert the prophylactic ratio (if it consist really of a given strength) between variola and vaccination, but the protective nature of vaccine lymph may, at the same time, retrocede, and thus widen the disproportion between the terms of the once well-balanced ratio.

While it must be admitted that variola, now, does not present its classic fatality, when, according to Richter, (*Therap.* Vol. II., p. 302), forty-five hundred thousand human beings died annually in Europe, it does yet show all the characteristics of a devastator of mankind, wherever its operations are unrestrained, and where the means for protection against so dreadful a scourge are neglected or improperly applied. Careless and irresponsible vaccination leaves it a matter of great doubt, if not in decided affirmation, that small-pox, in its original vehemence, is preferable to an almost reckless inoculation with specific poisons, whereby the physical status of a country may not be numerically decimated, but so far lowered as to give preference even to vigitimation.

The surgeon of an army in active operation is, perhaps, better situated, than any other medical observer, to judge of the progressive insufficiency and injury of vaccination on the old principle, and as such I paid, early in the beginning of the late unfortunate war, much attention to the sequelæ of vaccination, and propose to give in the following the results of my observations:

What is spurious vaccination? Not every abnormality in the development of the vaccine pustule can be designated as spurious, and it is a matter of great difficulty carefully to discriminate between collateral or independent affections, and deduced or consequent diseases, transplanted from one system imbued with the peculiar poison, upon another, heretofore free from it, by means of vaccine lymph. This difficulty in ascribing to lymph a proper degree for ingrafting secondary affections becomes greater, when we consider the opinions of the medical profession in relation to vaccination, at a time when Jenner and others, the fathers' of vaccination, were yet co-laborers with pure lymph in the realization of the newly found prophylactic.

As early as 1799 G. Pearson, M. D., F. R. S., and Physician to St. George's Hospital in London, speaks of secondary eruptions.* "Almost all these eruptions, in the stage of desiccation, afforded shining, smooth, black or reddish-brown scabs, * * * * * finding in two other instances that the matter from the inoculated pustule of these patients produced a similar eruptive disorder, and, also, the same being the event in the practice of two or three of my correspondents, * * * * * I, from that time, used matter only from the cases in which no eruption appeared. After this precaution, no eruptive cases resembling the small pox appeared; but certainly eruptions in number from a single one to about a dozen, which were large, red, hard pimples, with little or no lymph, and never with any pus, occurred in probably one case out of twenty or thirty; * * * * * nor do I reckon among the eruptive cases those in which, now and then, a rash broke out about the fourteenth day after inoculation, and which was as troublesome as urticaria." And Dr. Pearson draws his conclusion (page 397 loco cit.): "4. That eruptions of a different appearance from variolous ones, frequently occur in the true cow-pox."

Again, a letter from Dr. Stromeyer, dated Hanover, March 24, 1800, † has this passage. "Betwixt the London and Gloucester vaccine matter, it appears to me there subsists an essential difference. The London matter produces, frequently, an eruption of small pimples. * * * * * The Gloucester matter has never produced this effect here, but it frequently occasioned ulcerations of the inoculated part, of a tedious and long duration, * * * * * the nettle-fever like eruptions I have observed several times."

Mr. Ring, member of the Royal College of Surgeons in London, adverts to such eruptions in a controversy with Dr. Jenner. ‡ "Dr. Woodville admits that the pustular eruptions produced * * * * * have been, and still continue to be, the effect of some adventitious cause independent of the cow-pox." See, also, Vol. V., op. cit. page 276, Art. II., "Authentic information relative to some extraordinary cases of the cow-pox at Clapham, by Mr. Pears, F. M. S., etc., with postscript by the editors," and compare with the "Account of a case of re-vaccination in an adult,

* London Medical Review, Vol. II., page 393.

† London Medical Review, Vol. III., page 174.

‡ Ibidem, Vol. IV., page 93.

which ended in toxemia," by Dr. Skinner.* Mr. Pears and the editors describe the ulcers (page 283, loc. cit.) on healing, as "drawn into seams like a scrofulous cicatrix," and add that they could not charge these consequences upon any other cause, than the habits of those from whom the lymph was taken. Consult for further reference to eruptions in vaccination at that early age, "*Traité de l'Inoculation vaccine, avec l'Exposé et les Resultats des Observations faites sur cet Objet à Hanovre, par M. Balhorn, M. D., Phys. et M. Stromeyer, Chir. au Roi;*" and "*Observations of M. de Carro, of Vienna. Vol. VII., page 458,*" (London Medical Review); also, "*Les Dangers de la vaccine démontrés (in Journ. Gen. de la Lit. de France, No. V., 9th year),*" and "*Traité historique et pratique de la Vaccine etc. par Citoyen Moreau (de la Sarthe),*" 1st part, book IV.

Various explanations were at once attempted, and the only shade upon the bright fame of Dr. Jenner, consisted in his ready and partial concurrence with almost any theorism that seemed calculated to vindicate his discovery from any semblance to uncertainty and to reason away its imperfections. M. A. Aubert, M. D., in his report on Vaccination (published in the ninth year of the new French Regime) disposes of these spurious eruptions in the footsteps of Woodville, and declares them to be sometimes the genuine produce of vaccination, "*tous les inoculateurs en conviennent actuellement;*" and in the controversy between Woodville and Jenner, the former says, in his observations on the cow-pox, (Phillips, London, 1800, page 43) "the causes of the frequent appearance of pustules on the patients inoculated by the author, were not the mixture of variolous with the cow pox matter, but the variolated atmosphere of the hospital where they were inoculated." Drs. Balhorn and Stromeyer (op. cit.) explain these anomalous cases at first, from an admixture of the two diseases, or from a latent and previous variolous infection; but assert, afterward, that such eruptions are a part of the progress of the disease. As regards pimples and ulcerations of, and around the vaccine pustule, we find English writers usually denying their existence, and they wonder at their frequency in Hanover. †

If the ultraism be correct, that *effluvia* alone can be instrumental

* British Medical Journal, January 13, 1866.

† According to the London Lancet, Feb., '61, page 192, the majority of voters in many remote rural districts object to vaccination, because of troublesome eruptive sequelæ.

in so modifying the course of the vaccine pustule as to produce variolous affections, then it must be *a priori* conceded that *contact* with other poisons may assimilate the vaccine pustule to the inoculation of that poison. The proper discipline of a Small-pox Hospital, like that under control of Dr. Wm. Woodville, in London, precludes the actual contact with variolous matter, and the aim of Dr. W. in his controversy with Dr. Jenner is to show the impossibility of such an occurrence; and could it be established that such, and other trivial occurrences control vaccination, it would, as Dr. N. Chapman properly remarks, constitute a more serious objection to it, than any which has been alleged by its most inveterate foes. The only legitimate result that can be drawn from all observations of spurious vaccinations, then and now, points to the fact that vaccine matter as such, is as reliable now as then; but that its over-extended use in cases of emergency, and in times of excitement, endanger the protecting benefits of vaccination in a direct ratio with the demand for vaccination, multiply the chances for impurity, and render future reliance on lymph, subsequent to such periods of unsystematic and wholesale vaccinations, unsafe and dangerous. I will have occasion to return to this subject again.

The characteristic phenomena of spurious vaccination consists in

1. Abnormal progress of the vaccine pustule, and consequent impaired or annihilated protection against variola.

2. Greater than usual inflammatory excitement around pustule, with or without additional eruption of short duration, the effect of which, however, may not be detrimental to the good effects of vaccination.

3. Diffused inflammation with ulceration of pustule, and production of remote ulcers.

4. Inoculation of known and recognized poisons.

In my collection of four hundred and fifty-seven cases of spurious vaccination, I have left all instances belonging to the first and second class unnoticed, but have confined myself to the observation of cases showing a diathesis of spurious affections. For sake of brevity, I have condensed the treatment as applicable to each class or species, and only in cases of interest will a full statement be given.

Many results from the following table I must leave to the reader

to arrive at, since it would lead me too far to enter in an analysis of all data and their relative bearing. It is my hope that the facts here compiled will aid in the statistical knowledge of spurious vaccination, and I can only vouch for their unconditional correctness and certainty. In every instance has the report of my Assistant Surgeons been verified and substantiated by personal examination, and no reliance was placed on "*on dit*" or possibilities. These observations were commenced in August, 1862. For sake of convenience, and not because I can offer any plea for system and classification, I have arranged all cases under three divisions, and these again in as many subdivisions as seemed advisable or indicated.

First Division.—A numerous collection of small tumors, from the size of a pea to a full ripe grape, round, filled with a whitish fluid, and resembling a sebaceous tumor characterize *glandular enlargements*. Their formation continued daily, new crops springing up especially over face and breast, terminating usually in ulceration on the summit, leaving, after healing, a marked cicatrix often rising out again. *Subcutaneous abscesses* are more disseminated than the former, of greater extent, and usually following anemia. They are somewhat analogous to mild cases of suppurative phlebitis and pyemia. Without premonitory symptoms, such as heat, fever, etc., a gradual collection of pus forms in a few days over a space of from one to four or five square inches. Bowels costive; urine scanty; and appearance chlorotic.

In the second case, F. C. Akers, admitted in hospital 1863, Feb. 11, vaccinated July 9, after full recovery from vuln. selop., flesh wound, aged twenty-one, an abscess of great size formed (August 27) in the upper part of thigh, inducing hectic fever. Four abscesses appeared successively, right thigh, near left mamma, above left deltoid muscle (arm vaccinated), and near middle of spine.*

In the ten cases of Furuncles I notice a continued succession of boils, with a tardy process of healing as the characteristic difference between this and the common affection. In case No. 2

* M. Legroux, after assenting to M. Blache's statement of spurious vaccination in healthy new-born infants, cites instances of such abscesses following vaccination; and M. Hervieux locates the same in the development of the lymphatic system in the infant, and adduces in support of his views the frequency of adenitis, sometimes going on to axillary abscess as complicating vaccinations.—*Vide Med. News and Libr.*, Nov. '57, page 175.

I counted fifty-three boils, well formed, of usual size, and at various stages of formation. On breaking or lancing a sanious matter was discharged, reforming and irritating when brought in contact with the body. At times induration occurred, giving a deep cavity filled with unhealthy granulations. Of the eleven cases under *pemphigoid eruptions*, one was an herpetic p., bullæ small and annular; eight cases were chronic p., bullæ large, and situated upon slightly erythematous spots; and two cases seemed a complication between pruritus and pemphigus, in which the eruption was ushered in with febrile symptoms, irritation and itching. These bullæ, from one to three inches in diameter, contained a limpid liquid, serum, changing afterward to a reddish tint, and resulting, after desiccation or rupture, in a brown, hard crust, which, upon falling off, left a dark red patch of corresponding size. All cases were extremely tedious in amenability of treatment; pimples appeared continually, especially over neck, arms and legs. In one or two instances the eruption spread over face and abdomen, yet no confluence was observed.

Under *Vesicles* I observed *herpetic v.*, with marked constitutional disturbance, their clusters covering the body, especially the face, neck, arms and thighs, oval in form, smartly raised and areolated. In a phlyctenoid herpes, classed with this group, the vesicles appeared on the twentieth day after vaccination, in a few cases of a purulent character.

In three cases of *Eczematous v.* I found extensive tumefaction, their contents purulent, and producing, by contact, excessive excoriations. Confluence occurred after a few days duration. I notice, also, five cases of *miliary eruptions*, a malignant form of sudamina, occurring mainly on the trunk. Being ushered in with a chill, and subsequent oppressive and profuse perspiration and dyspnœa, they were subject to frequent relapses; and in case No. 13 a severe continued fever set in, accompanied with delirium. (Compare a paper read before the Medical Society of London, on February 7, 1857, an abstract of which can be found in the *American Journal of Medical Science*, April, '57, page 493.)

In the *treatment* of these cases, I will briefly indicate that I exhibited Potass. jod. with Sarsaparilla, the preparations of Iron, especially Tr. Ferri Chlor., Fowler's solution, vegetable bitters, etc., internally; the Ungt. Potass, Hydroid., the Acetate of Zinc, etc., locally; and that I found the application of Tr. Iodin, c., as a paint, useful in preventing the reformation of enlargements.

I removed in a few instances glandular enlargements with scissors, touching afterward the denuded surfaces with solid caustic, but desisted because erysipelas became frequent.

In subcutaneous abscesses I practiced early opening, injections with Tr. Iodin, and bandaging with compress to induce adhesive inflammation. In such cases I found, also, the guarded exhibition of opium of much service, in securing rest against excessive nervous irritability.

In an obstinate case of furuncles the persisted application of cold water, *en touche*, to each excavation, proved highly beneficial; and in pemphigoid eruptions, to prevent excoriation, I employed with good results the Pulv. Lycopodii. An ointment of Ex. flor. Sambuc. can., with Plumb. acet. and Cerat. s., or the infusion of the common Sambuc. Nigra, was of service in the various forms of vesicles. The diet was, in general, generous.

Of the 110 cases of *Erysipelas*, had been vaccinated before the eruption appeared,

1 week	37 cases
2 weeks.....	23 "
3 "	16 "
4 "	8 "
6 "	14 "
beyond 10 "	12 "

(Simple E. and erythema I have left, here, unnoticed, and gangrene consequent to erysipelas will be found under that name).

Twenty-seven cases of erratic E. were treated, in five of which the disease was transplanted from deep-seated textures of the leg to the face and arms; in seven, from face and scalp to chest and abdomen; and in the rest, from arm to arm. A metastatic E. occurred in three instances, all remarkable for broken down constitutions. One case was vaccinated after an attack of typhoid fever, a second while under sequelæ of measles, and the third was phthitic. Metastasis occurred upon the bowels (1) and lungs (2). Eleven cases presented oedematous E., viz.: seven with E. of the lower extremities, two of the thigh, and one each of the arm and scrotum.

Of the sixty-nine cases of phlegmonous E., terminated (without gangrene) in resolution seven, and in suppuration sixty-two cases. The *vaccine pustule*, having been irregular from the

beginning, assumed in all cases a vivid red color, inclined to discharge a serous liquid, and the patient complained of general indisposition, heaviness, pain at the præcordia, and fever; the skin around the pustule became red, spreading to adjacent parts, and the appearance of vesicles usually indicated a succession of sores, difficult of treatment, and sometimes becoming gangrenous. The swelling and general febrile exacerbations were, in such cases, much higher, the tension of integuments greater, and the redness more marked with bands of a yellowish-blue color. The oedema of the vaccinated arm terminated in suppuration in eleven cases, sometimes involving three-fourths of the periphery between elbow and base of deltoid muscle. In the phlegmonous kind the redness amounted to a purple, the swelling was yet greater, less yielding to the touch, and pain more severe. The termination in such cases was, in a majority, by suppuration and sloughing. Continuation of E. to remote parts occurred in twenty-one cases.

The termination of the one hundred and ten cases was,

By Resolution.....	19 cases.
“ Suppuration.	67 “
“ Sloughing (without gangrenous destruction)....	24 “

Relapses were observed in eleven, and the two fatal issues were owing to the severity of constitutional symptoms, adynamic character of the fever and general debility, previous to vaccination. The contagion of E. was confined to actual contact, and is distinct from that of the known epidemic hospital—Erysipelas.

Treatment.—The Tr. Ferri Chlor. in doses from ten to thirty drops (in a proper vehicle), and from three to six times in twenty-four hours, forms the standard internal remedy in this disease. In the commencement I have prescribed with advantage:

R.—Sodæ Bicarb, ʒi,
 Spts. Ammon. Arom., fʒj,
 Vin. Ipecac, fʒj,
 Inf. Sennæ c, fʒij,
 Decoct. Cinchon, fʒiij,
 Tr. Cardamon, c, fʒiij,
 M. S.—Partem tertiam ter ind.

Mercurials should be rigidly abstained from.

In cases where the head was effected, I exhibited colchicum with alkal. carbonates. Stimulants were generally found necessary. The local treatment consisted in the free application of Tinct. Iodin, which has always been found of service, even if it failed to remove turgescence. A solution of chlorate of lime or soda, creasote water, (especially in cases in which chronic diarrhea accompanied this disease—for prescription see “Scorbutic Diathesis”), and turpentine were alternated with former remedies. Puncture of the skin as local bleeding and, where the inflammation of the integument extended to parts beneath, and the skin became tense, scarifications and incisions were resorted to, followed by warm poultices. Free outlet to morbid matter hidden in deep-seated parts was always given, accompanied with injections of iodine, creasote or chlorates, and compresses with bandaging. To arrest the progress of E. I applied blisters, but the preference must be given to a band of lunar caustic, or, which I found most satisfactory, to pencilling the borders with a concentrated solution of iodine.

Gangrena.—Number of cases thirty-eight, of these were,

Gangrene following Erysipelas.....	35 cases.
“ “ other eruptions.....	3 “
and “ of the vaccine pustule after its degeneration..	21 “

It has been my especial object to watch the progress of the pustule in the six cases vaccinated by myself, and in the fifteen cases which entered hospital before the vaccine disease had been displaced by secondary symptoms. Gangrenous patches around the areola supervened in four instances, thirty-one days after vaccination; but in the greatest number of patients suppuration, after enormous swelling, etc., set in about the end of the third week, followed by rigors, erysipelas, etc., and by the fifth week gangrene would be fully established.* Of the seventeen cases admitted after eruption of the disease, six had erysipelas, nine extensive ulcerations with erysipelas, and two gangrene fully developed. The hospital No. 25 (Rockets, in Richmond, Va.) had been newly cleansed, thoroughly ventilated, and its position was favorable. No cases of gangrene or erysipelas had been treated for more than six months, and this hospital possessed comfortable

*Compare a case of Pyemia with gangrene, reported from St. George's Hospital, in London Lancet Nov., '60, page 421.

tents for these diseases. Prior to my taking charge it had been remarkably free from contagion, my reports on file showing only one month's duty of one of my Assistant Surgeons in tent practice, that is in cases of gangrene or erysipelas.

Pain of the arm, inflammation of the pustule, formation of a white and semi-transparent membrane adhering closely, increase of the ulcer on all sides, swelling and pain around its edges, and general oedema of the arm, form the progressive train of symptoms. New pimples around the ulcer followed a similar course, until on coalescence the whole assumed a peculiar grayish-white appearance, from the cavity of which escaped a bloody ichor. Meanwhile, the patient complained of languor, loss of appetite, pain in the region of the stomach, and loss of sleep. Pulse accelerated and weak. In two or three cases I noticed hemorrhage from the ulceration.

Treatment.—Stimulant poultices of wine, bark, yeast, chamomile, turpentine, oak or chestnut bark, elder, pyroligneous acid, charcoal, creasote, etc., combined with the internal use of nitric acid, bark, quinine, iron, wine, brandy, chlorate of potash, etc., constituted the treatment during the earlier stages. Scarifications, if made, should be shallow and not deep enough to reach healthy tissues. To nitric acid must the preference be given over all other local applications for detaching promptly the sphacelated interior of a gangrenous patch, and I have rarely been obliged to repeat its action in the same locality. Turpentine has not shown, in my hands, that influence upon the capillaries claimed for it by others, and I relied, with great satisfaction, upon the internal use of the Tr. Ferri Chlor. with nitric acid.

To lessen the odor incident to this disease, I have employed chlorides, etc., but found a thorough and repeated cleansing with the following mixture of equal value:

R.—Good Cider Vinegar, 1 pound,

Gum Myrrh, 2 oz.,

Alum, 4 oz.,

Mix, and after exposure to the air for one or two days, strain and bottle ready for use.

After the separation of the slough, I treated the remaining sore upon general principles. Diet generous with a liberal allowance of wine and brandy, (milk punch, egg nog). A recurrence of gangrene was rare. In a few cases, after placing a patient

upon full diet, it became necessary to reduce him to farinaceous food. In nine cases the skin assumed a dusky color, and in one jaundice-like. Nineteen cases recovered fully under my charge, and seventeen left on furloughs classified as doubtful, but I have all reasons to believe their recovery perfect.

(Slow and unhealthy granulations following a gangrenous slough I have successfully treated with the following application, which I can confidently recommend :

R.—Hydrarg. Protiod, ʒj,

Pulv. Rhei, ʒss,

Adipis, ʒj,

M. f. ungt., (sometimes substituting the red oxide for the protiodide).

Caries.—One case was treated, of which I give the history : Admitted into hospital April 19, '63; vaccinated September 7, '62; aged twenty-six years; was vaccinated in infancy. The pustule of revaccination (according to the statement of the patient) showed, after the first few days, excessive irritation, the forearm inflamed with tumefaction and collection of pus. A sinus was established (Nov., '62), leading to the middle third of the ulna, external aspect. The probe detected loose portions of bone, which is enlarged. On admission these symptoms presented themselves. The history of his family does not point to a hereditary vice.

Treatment.—After freely incising down to the bone, the loose portions were removed, and the wound was dressed with

R.—Ol. Olivar, fʒjss,

Ol. Terebinth, fʒjss,

Ac. Sulphur, fʒjss,

M.—(Pearson's Liniment) after repeated injections with Liq. Potass. Iod.

Undue granulations were kept down with solid caustic, and the Tr. Iodin c. was freely painted around them. Iron, Potass. Iod., etc., were administered internally. This patient left on furlough, after three months' treatment, so much improved, that I may hope for his ultimate recovery.

Scrofulous Diathesis.—Number of cases treated, four. An enlargement of the cervical glands progressing to fluctuation (in case 1 and 2 to suppuration), and of the axillary glands, was

usually observed. In two cases, No. 2 and 4, the elbow and knee-joints enlarged, and the remaining cases suffered with ankylosis of the knee-joint.

I. R. W——, by profession a farmer, aged twenty-nine years, vaccinated in his sixth year, and revaccinated July 9, '62. Has two brothers and one sister, the latter married, with four children; father robust, sixty-two years old; mother died in her forty-eighth year with billious fever; neither have ever shown any tendency to tubercular deposits. The pustule of revaccination degenerated in the second week into an indolent ulcer, and pimples formed around the arm. His general health failed. Since about Nov. 15, '62 he felt an enlargement around his neck.

P. S——, also a farmer, aged thirty-five, was vaccinated on Oct. 3, '62; is the youngest of five children; parents dead; were healthy and free from symptoms of tuberculosis; complexion fair and healthy; was noted for his muscular strength. The pustule (Field Hospital) became rugged, and ulcerations commenced with discolorations on the arm and breast. The enlargement of the elbow-joint was first observed forty-five days after vaccination, after which the cervical and axillary glands began to swell. In the third month the knee-joint inflamed.

B. S. H——, clerk, aged nineteen, was vaccinated when quite young, and revaccinated September 14, '62; his family healthy; had scarlatina in his fourteenth year, from which he recovered without sequelæ; was treated for enlarged glands around the neck six weeks after revaccination; complained of pain in his joints; left knee swollen and anchylosed.

W. D. T——, farmer, aged twenty-eight, vaccinated on Oct. 15, '62; the pustule inflamed with tumefaction of the arm; the elbow and knee-joint became involved in the seventeenth week.

In the *treatment* of these cases I employed the iodide and phosphate of Iron, with cod liver or almond oil. The following artificial mineral water was also exhibited with good results:

R.—Aluminis, ʒj,
 Ferri Sulph., ʒiij,
 Liq. Calc. Chlor., ʒij,
 Aquæ, fʒxvj,

S.—A tablespoonful in a wine glass full of water four or five times daily, sometimes with an infusion of taraxac off.

Following the views of continental writers, that the want of oxidation bears a proportionate influence upon this disease, I prescribed also,

R.—Potass. Chlor., q. s. f., Solut. Saturat. cum aqua font, fʒi,
Deinde adde Tr. Ferri Chlor., fʒss,
S.—Twenty to forty drops three times daily.

The local treatment before suppuration consisted in the free application of Tr. Iodin c. or its ointment. After opening the tumor, I directed the topical use of Acetate of Zinc. Creasote, or the ointment of Red Oxide of Mercury, already given under Gangrene. Forcible extension with the aid of chloroform or extension splints proved of no benefit.

(To be Continued.)

ART. II.—*Abortive Treatment of Gonorrhea by Administration of large doses of Copaibae.*

By C. P. JUDKINS, M. D., Cincinnati.

As you know, my dear sir, it has been customary from time immemorial to combine in conjunction with internal remedies that of injection, differing in strength and ingredients, it is true, in the treatment of this most annoying and painful of diseases: It differed little to the general practitioner what was the stage of the disease, whether it be acute or chronic, the patient must throw something into the urethra; in fact, it has become so universal, that it is difficult to convince the mass of individuals that they can be treated without the syringe; but since the publication of M. Cullerier's work by Dr. Bumstead, of New York, I have attempted and succeeded, as the following cases will show, in using only internal remedies in the management of the acute stage of clap, or, in other words, in that stage only where the abortive treatment can be instituted. A little thought on the subject, and, by the way, too little thought is given to these cases, will show that the throwing of anything, however mild, into the urethra in its inflamed and sensitive condition will only irritate and inflame it more. How careful the physician is in

gastritis, or surgeon in wound of the body, to keep away from that organ or cut any substance that will further inflame or excite, in short, he gives it rest, still when he comes to a case of clap he must inject him, even if it does make the poor patient howl and walk round his office on his toe-nails. And what is the consequence? The disease, which in the first place was confined to the interior portion of the canal, extends further back, as a fresh surface is opened up by the injection thrown in by the all-confiding patient, until finally the inflammation runs so high that it becomes an impossibility to introduce the nozzle of the syringe, and then the surgeon falls back on his internal treatment alone, lets the sensitive canal rest and the disease gets better. There is another thing I wish to speak of. You know some of the best authorities tell us to substitute one inflammation for another, that is, set up a urethritis for a gonorrhea (by means of a strong injection,) and when you have done this, stop the local remedies and the discharge will die out. But what makes it die out? Simply because they stop the cause of the irritation, the syringe. Why not let the gonorrhea die out, instead of setting up a fresh inflammation and curing that by internal remedies? Then again, instead of a syringe some use what is called Stewart Canula, so as to get a complete application to the diseased walls, and to control the action of the medicated solution, after the use of which, instead of the patient having the slight whitish discharge of the first stage, with little pain in urinating, the discharge is purulent and profuse, and the passage of water exceedingly painful. Here again the surgeon is obliged to stop his local remedies and benefits his patients by anti-bleorrhagics. But the cases will show what I wish.

Case I.—James T., tailor, came to my office, some four months since, with profuse purulent discharge from the urethra, prepuce somewhat swollen and oedematous; pain in micturition, etc. As he stated that it was only the second day of the attack, and as the canal was so sensitive that he dreaded the use of the syringe, I ordered him half drachm doses of pure copaibae before each meal and at bed time, to have his bowels freely opened with a cholygogue cathartic, and to keep them open daily; to suspend his genital organs in a bandage (as he was obliged to keep at his work,) and use no local remedies except the immersion of his penis in *hot* water to allay pain in urinating. I saw him two days afterward, the pain in passing water was greatly lessened,

the discharge had lost its yellowish appearance and was not so free, and all inflammatory symptoms had decidedly abated. He continued the use of the *Copaibae* in small doses and in one week the discharge had ceased entirely.

Case II.—Mr. F——, of Detroit, called some three weeks since, on the first day he noticed the discharge, stating that he had little pain in passage of water, and no disagreeable symptoms except that of the discharge, as he was a man of regular habits; obliged to take little exercise; bowels opened freely every day. I merely directed that he take two of Dundus' and Dicks' capsules of pure *copaibae*, (about three-quarters of a drachm) before each meal, do nothing at all to his penis locally. I saw him again two days afterward. The discharge had lost its purulent character and was less free. Treatment continued. In one week he went home entirely free from any sign of gonorrhea.

Case III.—Mr. J——, railroad conductor, called to see me about three months since; had been attended by another physician. When first called, found him suffering from an attack of cystitis, attended with and dependant upon an attack of gonorrhea. I treated him, in conjunction with Dr. W. R. Woodward, of this city, and succeeded in relieving him of his bladder trouble, but the discharge from the urethra continued, as the disease had become somewhat chronic. He was directed to use an injection of claret wine and water along with internal medication. But nothing that we could do seemed to control the running from the urethra. The case continued in this condition for about a month, until finally in returning from one of his trips east, I found that a fresh inflammation had been set, which the patient attributed to the repetition, with all the symptoms of a recent attack of gonorrhea. I immediately placed him on *copaibae* alone, with a most marked benefit. By the next visit, (almost four days,) the medicine was continued, and at the end of the next four days it (the discharge,) had entirely ceased, and had been so for two days, so the patient states, and has been so ever since.

After reviewing the above cases, and several others that I have treated, I believe that in the first stage of the disease the less done to the penis locally, except to palliate, the better. I know very well that *copaibae* given in large doses will produce some very disagreeable symptoms, but for that reason it is best to make the medication short and decisive.

ART. III.—Medical Chemistry—No. 5.—Estimation of Urea and Phosphates in Urine.

By J. B. HOUGH, M. D., Ridgeville, Ohio.

Among the different methods that have been suggested for the estimation of urea, the process of Leibig seems best suited to the wants of the busy practitioner. It depends upon the fact, that urea forms with protoxide of mercury an insoluble compound containing four equivalents of the oxide combined with one equivalent of urea. Though the process is not *perfectly* accurate at best, and to obtain results the most nearly approaching strict accuracy, requires several precautions and some tedious manipulations. Yet all the requirements of practical diagnosis can be met, both conveniently and with greater accuracy, than the objects of the determination generally requires. For this method and all other *volumetric processes*, the French *burette*, graduated into cubic centimeters (c. c.) and tenths, is so exceedingly convenient as to be almost indispensable. The analyst should, therefore, provide himself with one, or such substitute as his ingenuity or opportunities may suggest. We will give only the French weights and measures, from which it is easy to calculate their equivalents in grains and grain measures.

As the sulphates and phosphates present in normal urine would interfere with the reactions, they are first to be precipitated by a solution of baric nitrate; and as the solution of nitrate of mercury, prepared as directed below, not only contains free acid, but also liberates free acid in the reaction, and as this free acid would prevent the reaction to a considerable extent, it is necessary to add a portion of alkali to neutralize it. For this purpose caustic baryta is used in connection with the nitrate of the same base. Moreover, as the reaction does not begin until all the chlorides have been decomposed, it is necessary either to precipitate them by an acid solution of nitrate of silver, or else observe the exact point at which the precipitation begins, and note the amount of mercury solution used *after* the first appearance of a permanent precipitate. If the silver solution be used, it can be made of known strength, and thus the amount of chlorides may be estimated, if desired. If the latter course is adopted, the quantity of mercury solution required before the precipitation begins, may also serve to determine approximately the amount of chlorine

For the purpose of medical diagnosis the use of the silver solution may be omitted. The solutions are to be prepared as follows:

Baryta Solution.

Saturated Solution of Nitrate of Baryta..... 1 Vol.
Saturated Solution of Caustic Baryta..... 2 "

Mercury Solution.

Dissolve 7.14 grams pure metallic mercury in twelve grams of strong nitric acid, with the aid of about two grams of water and a gentle heat. When completely dissolved, add enough water to make the solution measure 100 c. c., and keep the same closely corked for use. Having these test solutions ready, proceed as follows:

To two volumes of the urine to be tested add one volume of the baryta solution, and filter. Then take of this filtered liquid 3 c. c., and add to it, cautiously, from the burette the mercury solution, stirring after each addition, and note the exact point at which a permanent precipitate begins to form. From this point continue to add the mercury solution, until all the urea is thrown down. This point is readily determined, by mixing one drop of the urine with one drop of a solution of carbonate of soda; when, if any urea remains in solution, the mixed drops will not change color; but if the urea is all precipitated, and any excess of mercury has been added, a yellow color will be produced. Having determined the end of the reaction, observe the number of c. c. of mercury solution that has been used *after the precipitation began*. Each c. c. is equal to one-half of one per cent. Thus, if 5 c. c. were used, the urine contained 2.5 per cent. of urea. As was before stated, the result is not *strictly* accurate, but yet more nearly so than practical utility requires.

The phosphates may be estimated by means of a graduated solution of sesqui-chloride of iron. For this purpose 1.5 grams of clean, thin iron wire are dissolved in about four drachms of hydrochloric acid, with the aid of heat, after which one drachm of nitric acid is added. It is then evaporated nearly to dryness, and the residue dissolved in enough water to make the whole measure exactly 200 c. c. Each c. c. of this solution will precipitate .01 gram of phosphoric acid. Have ready a test paper, such as was recommended for the sugar test, prepared by saturating rocyanide of potassium, and drying.

To 1 c. c. of the urine to be tested, add first about an equal amount of ammonia, and afterward, enough acetic acid to produce an acid reaction. Then add from the burette the solution of sesqui-chloride of iron drop by drop, stirring all the while, until a drop touched to the test paper begins to show a blue color. Each c. c. of iron solution used equal .01 per cent. of *phosphoric acid*.

In preparing graduated solutions, such as the above, it is customary to make them above the proper strength, so that they may be corrected by comparison with corresponding solutions of known strength. This is, of course, the better plan where time and opportunity permit. But I have thought best to give formulæ that may require no correction, hoping that thereby, although they *may* not be *quite* as accurate, they may be found more generally useful.

NOTE.—That poor, unfortunate sixteenth line (page 725, 1868) has a sorry time of it, surely! It will never be true until it reads, "If .4 c. c. was used, there was 2.5 per cent."

ART. IV.—*The Use of Chestnut Leaves, Castanea Visca, in Whooping Cough.*

By J. LUDLOW, M. D., Cincinnati.

In the treatment of this very fatal disease to childhood, I have always wished for some agent or remedy to relieve that most urgent of all symptoms in the second stage, the spasm that is so trying to the sufferer, and to which the patient often succumbs.

I, like the drowning person who grasps at every straw, have tried all the various remedies that have been recommended by the best authority, from time to time, from all of which I obtained some assistance, but not one of the many met my desire.

More than two years ago the remedy placed at the beginning of this article was brought to my notice by a professional brother of this city, Dr. Unzicker, he telling me that in his hands it had never failed to *cure*, not *relieve* the spasm, and bring the disease to a speedy end. I, therefore, determined to give it a fair trial whenever opportunity offered, and in every case that I have treated since, I have invariably used it, and with the happiest results. I found that in all cases that it would, in from five to

ten days, relieve the spasm, and in about two weeks cure it; and the little sufferer would hoop no more, but go on to a speedy recovery to the great delight of myself and its friends.

I make an infusion of the leaves, by taking one-half of an ounce of them to the pint of boiling water, and afterward add to this a pint of cold water, to which is added sufficient of white sugar to make it palatable to the patient, and give of this *cold* as much as I can get the patient to take during the day and evening. Giving it to drink in place of cold water, the child soon gets to like it, and I have no trouble in getting a sufficient quantity taken to produce the desired result. This remedy I believe of such importance, that I would urge it upon the attention of the profession at large.

ART. V.—*Congenital Deformity.*

By O. C. GIBBS, M. D., Frewsburg, N. Y.

January 10th, 1868, I was called to attend Mrs. Bennett in confinement. I had not previously attended her, though she had three children. She had formerly lived in Pennsylvania, and was an entire stranger to me until I was called upon to attend her in this confinement. At my arrival she was in active labor. On examination, I confessed that I was somewhat *non-plussed*. I found presenting a soft mass that I could not account for, unless I supposed it to be a placental presentation, yet, I confess I was not sure I had a placental presentation to deal with.

In perhaps a half an hour the child was born. There was no skull bones. The brain was enclosed in a sac, and hung down upon the back of the neck, not unlike a lady's waterfall. The integuments were entirely wanting, as also the muscles down the spine from the third cervical to the fifth lumber vertebra. There was no spinal column, but the spinal chord was perfect, and enclosed with its usual membranes. The muscles and integuments were entirely wanting in front. The liver, stomach and heart were entirely exposed to view. The lower extremities were entirely natural. Though the lady was confined at full term, the child was born dead.

The head looked more like a frog's head than anything else. The abdominal muscles and integuments were entirely wanting,

as above described ; also the muscles and integuments covering the spinal column were wanting. There was a narrow strip of integuments on each side between the denuded or undeveloped front and back. The upper and lower limbs were perfect in their development.

The child, of course, was born dead, and though I earnestly entreated for the privilege to do with the child what I chose, the privilege was denied me. In fact, I was not permitted even an anatomical examination of the remarkable and unusual monstrosity.

Within the last two or three weeks I have seen two other cases of abnormal development. One, a *so-called hermaphrodite*, which I propose to report at my earliest leisure, for some future number of the *Lancet and Observer*.

Translations.

[From the German of PROF. LUDWIG TURK, of Vienna.—BY THOS. C. HENRY, M. D., (late U. S. A.), Cincinnati, Ohio.]

Diphtheritis or Diptheritic Inflammation

Consists, as is known, of an infiltration of mucous with exudation and the same ecchymosed appearance, as well as discoloration and disintegration of tissue. It appears not seldom in the pharynx, and is generally a secondary disease. (Rokitansky.) The pathological alterations of diphtheritis are highly dangerous and of very rapid progress. French authors, especially Bretonneau, include croupose inflammation with diphtheritis under the term *diphtherite*. Diptheria, in the Greek *Diphthera*, the term implies the formation of a false membrane. Some writers say it must be malignant to be true diphtherite. Such adventitious membrane, forming a perfect cast is found at times, the mucous membrane of the large intestine in acute dysentery, notwithstanding it is of a precisely similar formation ; yet the term diphtherite is more usually bestowed on false membrane lining the throat, and called in French "Angine Couenneuse." Diptheria may occur in all throat affections, especially in case of the exanthemata. It may appear, says Rokitansky, in Pyemia Cholera,

typhoid and with typhus; after acute exanthemata, not essentially different from croup at times, though very frequently it is said to have occurred when the larynx itself was not sufficiently affected to warrant it being known as a croupose condition. The greyish black exudation on the pharynx is characteristic of diphtheria—cases of bleeding from the nostrils rarely failing to be fatal, despite every kind of treatment. Death from pulmonary apoplexy, common albumenuria is usually present, but the intensity of the local affection does not seem to vary on that account, as has been repeatedly observed. Most writers consider the disease contagious, a few think the poison is in the air. A writer in 1337 speaks first of the occurrence of an *angina gangrenosa* appearing in Holland, and Fuchs also speaks of it in 1828 as a very severe epidemic, very noticable from its uncommonly short duration and its causing such early prostration of strength; also, of the very putrid breath accompanying it. The appearance of the surface of the tongue, first brick red, and then darker grey or blackish is a notable point. The amount of prostration of the system is excessive, far more so than in croup. There is no croupous cough, except when on the point of suffocation, which partakes of the nature of strangulation.

Bretonneau speaks of a sporadic form of diphtheria always very mild in action but not very common. As has been stated before, diphtheria is generally nearly always secondary. In typhus (Rokitansky) diphtheria first alights upon the posterior surface of the larynx and in the median line, extending over it transversely, covering the mucous coat of the membrane in front, and causing degeneration of tissue, and not seldom actual necrosis and gangrene of the arytenoid cartilages which extend deeply under the mucus tissue, so that by this necrosis, process death is soon induced. Moreover the edges of the necrosing portions are covered with exudation of a corrosive nature. The posterior portion of the larynx is the principal seat of injury and involves often the extent of the true vocal chords and their points of attachment. (See Atlas, pl. vii 5—Perichondritis with Typhus.) Sometimes the cartilages are infiltrated with a decaying or corroding exudation by the side of the chords or vocal ligaments, and a similar exudated substance at the posterior surface in particular of the true vocal chords.

Often there are found diphtheritic abscesses and the ecchymoses of the lining membrane of the larynx in typhus is the first thing

noticed in the cadaver. The amount of functional disturbance in these cases, if there is no necrosis, is trifling ordinarily—that takes place more especially when the vocal chords are attacked, in which case indisposition is exhibited, a symptom often in severe cases of typhus—frequently unnoticed. Its appearance indicates the probability of the presence of diphtheria. Laryngoscopic examinations, in consideration of the character of this disease (Typhus,) are not usually made. Generally one would suspect abscess of the vocal chords as being of a diphtheritic character on seeing it. Seldom does one meet with diphtherite in the anterior part of larynx. I have, though but once, in a case of apparent reconvalescence from real typhus, seen, with the throat mirror, a diseased substance upon the vocal chords, I here suspected diphtheritic abscess.

Lung phthisis happens not seldom in cases of impacted phlegm in the trachea, particularly behind the vocal chords, and above the inspissate mucus being partially disintegrated, presenting the appearance of projecting of matter forced through a sieve, about in the vicinity of the root of the tongue.

Complications.—Sometimes diphtheria is replaced by throat croup. Sometimes the two diseases seem to go together for awhile and terminate in one of the two. In all cases it is especially well to look for adynamic symptoms, and to ascertain whether or not there is difficulty of deglutition, as it is well known the preference of diphtheria is for the pharynx.

Sequels of Diphtheria.—Sometimes paralysis of the muscles of the neck, or of the soft palate. This will cause regurgitation of fluids. Also the heart may be affected. More trifling affections may take place, such as follicular ulceration, and distress in breathing through the nostrils and ulcers in the pharynx.

Pathology of Diphtheria.—This disease may be truly considered very much of the nature, Hippocrates alluded to when he speaks of a “ferment in the blood.” Every observation goes to prove that this is a blood disease pre-eminently.

Treatment.—For the occasional mild form more attention is to be paid to constitutional measures which principally consists in building up the system with diet sufficiently nutritive, but easily digested, and salts of iron—attending carefully and watching the ulse. Chlorate of potash is much used by English physicians as a gargle in solution. In the malignant form the use of strong caustic is recommended, generally nitrate of silver or muriatic

acid, washing out the fauces often with vinegar, or solutions of citric acid of concentrated solution. The use of vaporized substances by the pulverisateur of Sigel or Sales de Giron and emollient applications externally to the throat. The vapor of slackening lime alone is advantageous, also sulphuric ether vaporized—chlorate potassa in the ratio of one half drachm to the ounce of water, usually warm. Chromic acid is thought by some to be much superior to nitrate of silver. In every phase of this disease the requisite support should be maintained.

The last resort, as in croup, is tracheotomy, and this is generally performed too late. The ratio of those cases that have been saved by it is fearfully small. Still it should be used in extreme cases. Even a thousand failures would not contra-indicate the necessity of its employment in a desperate case.

Paralysis of the Larynx after Diphtheria.—L. S., aged 30, employed in a machine shop, from having been boarding in a house where some children had diphtheria was attacked with the same. After recovering from sickness I observed a good deal of apparent rigidity about his jaws, and noticed besides that he did not swallow easily, though in other respects he appeared nearly well. Suspecting paralysis of the soft palate, I made use of the laryngoscope, and at once, by the seeming non-irritability of the parts inside the mouth, felt convinced that I was right. I also saw that the mucus membrane of the pharynx was congested and a few distinct ulcers on the tonsils, also the mucous follicles of the tongue were more evident than usual. Patient complained of tightness about the neck, there was impaired action of vocal chords. With the laryngeal mirror I detected a large ulcer at the upper part of the laryngeal surface of the epiglottis; the trachea, however, seemed unaffected.

The local applications I made with this case were the argentonitrate of mercury to the ulcers, and after three weeks the repeated use of galvanism to the vocal chords. I also made use of tannic acid as a gargle. After somewhat more than a month, the voice began to lessen in huskiness, and soon after he left the hospital, and I heard no more of him.

Exanthematous Inflammation.—In this connection next belong catarrhal inflammation of measles and variola, also scarlet fever. The pustulous eruption of small pox comes before there is much exhibition of sore throat and inspissated mucus, and when it appears it pervades the larynx and trachea, as far as the bronch

occasionally, and can appear in quantity sufficient to envelop the common lining membrane. It is white, often easily stripped off showing a whitish exudation, leaving a dark excoriated surface. With confluent small-pox that last mentioned condition is changed to pustular, ulcerated under lining in some cases. Dr. Newman had, in the sick division for smallpox, a case of pustulation in the larynx, which he reported having observed laryngoscopically. I myself have also had such a case with one half and under half of the glottis covered with variolous pustules.

Variolous Pustules on both the true Vocal Chords, and on the left Portion of the under side of the Epiglottis.

CASE 21.—Anna Smutney, twenty-five years old on the 29th of April, 1865, in the small-pox ward with the disease above named. On the 4th of May, the thirteenth day of the malady, appeared variolous pustules over the entire surface of her body, abundantly filled with matter, only a few commencing to dry. It might be that there were two or three days of moderately severe indisposition. By laryngoscopic examination I found one pustule with some inflammation surrounding it, in the upper side of the front portion of the two true vocal chords and vesicles of the hinder portion of the walls of larynx before the musculus transversus. The disease completed its course by June 2nd.

Inflammation and secretion of corrosive humor from the local application of boiling water.—As is known it is by no means rare in England that young children left to themselves will attempt to drink out of a boiling tea-kettle. The result is, of course, scalding the lining membrane of the throat and fauces so severely that much of it is detached and thrown off. According to Marshall Hall, Porter, Ryland and others, from whom the following is quoted, there is often severe inflammation of the throat and larynx. It induces inflammation of the sub-mucous tissue of the soft palate, very intense redness of the pituitary membrane, also of the tonsils and the jaws. The epithelium becomes loose, of a white color, low in the throat, and especially at the root of the tongue, in some cases of a croupose exudation. The mucous coat of the upper part of the larynx is likewise inflamed. One often finds œlema there. Owing to this and the inflamed tumefaction there will be engendered a considerable grade of stenosis of the larynx. The under half of the space between the vocal chords and part of the throat are frequently entirely normal in appear-

ance. In other cases the pituitary membrane of the trachea is tumefied and thickened. Sometimes pneumonia is found.

The first indication of the approach of this dreaded malady is induration and impossibility to swallow; accompanying this condition generally accelerated pulse and respiration are noticed, denoting laryngenostosis; a certain death must follow in such a case. Sometimes the patient appears tranquil and easy for a while, and will sleep apparently naturally, at another time will be playing, when of a sudden it will be stricken down with a severe onset of the disease. At times the attack is very sudden, the duration short, and the acme of the disease is quickly reached.

Heretofore, in none of these cases, could laryngoscopy be practiced, the character of the disease would not admit of it.

The therapeutics indicate the employment of topical blood letting, of liniments and application of cold. By English physicians calomel, two grs. hourly, is highly praised. Lastly, tracheotomy is advised in some cases and by some physicians. At all events some were thus treated; a small proportion lived. The operation was put off until the last thing.

In regard to the character of the corrosive humor already alluded to, Porter, aware that by the agency of the self-murder alluded to, (which the heading of this article displays,) the pain induced by the contact of the hot water causes choking and of course, throwing up of the swallowed fluid, and that in such cases the larynx does not suffer. This is not the case, viz: serious injury—in some few well developed and healthy children there often being sufficient exit through the mouth and entrance of pharynx, causing acute pain, the greater portion of the slimy mucus is thrown out. Porter says that often the secretion is thrown out from the nostrils and mouth with great force, so that the parts are freed of it, and also the larynx freed from the passage of the fluid through itself. So that we do not wonder that after tracheotomy a condition of inflammation of larynx is noticed.

Medical Societies.

CINCINNATI MEDICAL JOURNAL AND LIBRARY CLUB.

Puerperal Convulsions—Cases and Remarks.

Inaugural Paper by W. T. BROWN, M. D., President, January 29th, 1869.

GENTLEMEN OF THE MEDICAL JOURNAL AND LIBRARY CLUB: In accordance with the time-honored custom of delivering an Inaugural Address, whenever an individual has been elected as a presiding officer for a stated term, I now have the pleasure of appearing before you. For the honor bestowed you have my most sincere thanks, and though possessed of little or no experience in the duties devolving upon me, it will be my earnest and greatest ambition to promote the interests of our Association.

We are now commencing the fourth year since our organization; our meetings have always been pleasant in a social point of view, and, to a certain extent, profitable; yet is it not high time for us to carry out the plan recently adopted for our mutual improvement?

We have now, not merely a fine nucleus for a library, but a large collection of the best medical and surgical journals published, from which we can obtain a vast amount of information to enable us to furnish essays at each and every meeting, valuable to ourselves in their preparation, and possibly to others who may not have access to the same authorities, or who may not have time to search for whatever is new in the science of medicine.

Let us, then, to the highest degree endeavor to accomplish the object held in view in our first organization, and still more recently presented for consideration and approval, viz. That we will, each and every one, contribute something, either in the form of an essay upon some medical or surgical topic, or the report of a case with the writers views upon its pathology and treatment; exhibit a new instrument, giving its special application or adaptability to certain cases; a new medicine, how discovered, and its remedial virtues.

Discussions are usually of great value when participated in for

scientific purposes. To this end let us strive, and as we have all felt more or less condemnation for past negligence, let us pursue the course adopted at a former meeting, and no longer act as if we were a mutual admiration society. This being in alphabetical order, my turn for presenting a paper, I will, with your permission, proceed :

May 8th, 1868, I was called in a great hurry to see M. C—, American, aged eighteen, primipara, in the ninth month of pregnancy. She had been suddenly seized with convulsions about midday. As I entered the room she was in a severe paroxysm, attended with violent struggling, foaming at the mouth, etc. She had had two or three attacks before my arrival. When the paroxysm subsided, she was left in a state of coma, with stertorous breathing, contracted pupils, pulse full and strong. The os-uteri was intact; there was no disposition to dilate, nor were there any symptoms of approaching labor. I bled her from the arm to the amount of twenty ounces, and was about to arrest the bleeding, when symptoms of another convulsion were manifested. I removed my thumb from the opening in the vein, and allowed twelve ounces more to escape, making a very decided alteration in the force of the heart's action. Tied up the arm hoping that some good effects would follow so copious and sudden a loss of blood, but in this expectation was disappointed, for in a few moments a fourth convulsion ensued. I at once administered chloroform by inhalation, with the effect of increasing the intervals between the convulsions. Applied cold water to the head, mustard sinapisms to back of neck, epigastrium and extremities, and ordered an ounce of castor oil and turpentine. In about two hours convulsions recurring, though at longer intervals, and the pulse becoming more full and strong, and the heat of head increasing, ordered one dozen leeches to the temples. Chloroform continued, keeping her partially under its influence until the convulsive paroxysms were held in abeyance.

Eight hours after I saw her, consciousness began to return, so that she would answer yes or no, put out her tongue, which was much lacerated in consequence of the neglect to put something between her teeth during the first paroxysms. She could now swallow. Carbonate of ammonia, brandy and beef essence were prescribed, and given with considerable earnestness on my part to sustain the flagging powers, believing that in case of her death

the patient's friends would attribute it, not to her disease, but to my excessive bleeding.

Dr. J. F. White was, at this time, called in consultation.

The chloroform was continued occasionally for eighteen hours, whenever symptoms of returning convulsions showed themselves. About 10 P. M. the os-uteri began to dilate, and labor proceeded regularly, without any severe expulsive efforts, until she was delivered of a still born child, at 7 o'clock the following morning. Sensibility slowly returned, but it was some days before she fully recovered. She had not the slightest recollection of any thing that had occurred during her illness. Her urine, examined before and immediately after delivery, was very albuminous, and continued so for several days. Patient recovered without any unfavorable symptoms, and is now in the sixth month of pregnancy, so far in excellent health.

History.—Complained of severe headache for some days previous to her attack; feet were very much swollen; face had an oedematous appearance; urine slightly albuminous. Reasons for pursuing the treatment adopted in this case: 1st. Made use of depletion to relieve cerebral congestion, and thus prevent the great liability to apoplexy and coma. 2d. Administered chloroform to control the convulsive action, to lessen the excitability of the excito-motory functions, to lessen the sensitive condition of the periphery, and control portions of the nervous system.

June 20th, 1868, called to attend F. M——, aged twenty; primipara; general appearance oedematous; feet and limbs enormously swollen; has not been able to wear her shoes for several weeks, or to go about with any comfort; urine, upon examination a few days previous, contained no trace of albumen; labor commenced at 6 A. M. Upon examination found the labia in the same condition as the extremities, very oedematous. Os-uteri soft and moist, with a disposition to dilate. Labor progressed very favorably until noon, when the pains having been severe and expulsive for two hours, without any apparent advance, I sent for my forceps, and a note to Dr. S. P. Bonner to come to my assistance, believing that labor would not be accomplished by the unaided efforts of nature.

At 1 P. M. she was seized with a fit, epileptiform in character. The os-uteri fully dilated, and the head in the cavity of the pelvis. The forceps was applied, and she was easily delivered of a living child. No more convulsions followed, and the patient

made a good recovery. Urine albuminous for a few days after delivery.

These two cases occurred within a short time of each other, viz: one in May, the other in June. They differ as to the period when the convulsions commenced, the first before labor began, the second during labor; the first being occasioned by the non-elimination of poisonous excrement from the blood, mental emotion being the exciting cause; the second by the long continued pressure of the head at the brim of the pelvis. The predisposing cause was probably the same as in the first.

The following case occurred in the practice of my brother :

January 19th, 1869, called to see Annie ———, aged twenty-eight, primipara; full period. She had had one convulsion, epileptiform in character; found her lying upon her left side, feet drawn up, perfectly unconscious, breathing stertorous; pulse seventy-five, full and strong; pupils unaffected by light; feet oedematous; os-uteri undilated. Ordered that she be given a powder of Hydr. Chlorid Mit., Ext. Colocynth, co. aa. gr. v., Oleum Tigllii, gtt. ij, and an enema containing Oleum Ricini, ℥ij, Oleum Terebinthenæ, ℥ij. After an interval of half an hour she was seized with another convulsion, more violent, the nurse said, than the first, lasting about five minutes. Comatose condition apparently increasing; bled her from the arm to the amount of six ounces, and ordered one dozen leeches to the temples. Under this treatment she roused sufficiently to take the medicine, and complained of being cold, although the heat of the skin was not below natural. In a few moments, another fit coming on, gave chloroform by inhalation, with the effect of controlling the convulsive attacks while under its influence.

At 12 o'clock I left her in charge of the nurse, with the instruction that I should be sent for upon the recurrence of the convulsion. This was done at 5 o'clock A. M. Medicine produced two large evacuations during the night; convulsions returned at intervals of half an hour, stertor and insensibility between them. Again controlled the paroxysms by chloroform.

8½ A. M. No return for an hour and a half, but still unconscious. Os-uteri dilated about the size of the old fashioned silver dime; quantity of urine drawn off by the catheter, two ounces, heavily loaded with albumen, amounting to about four-fifths the entire quantity.

10 A. M. Delivered of a still born child, while she was in a comatose state.

5 P. M. Remained in this stupor all day. Ordered injections of castor oil and turpentine every three hours, and a blister to the back of the neck,

Thursday, 8 A. M. Coma not so profound. Nurse says she passed water during the night.

5 P. M. Consciousness partially returned; pulse feeble. Ordered five grains of carbonate of ammonia every three hours. Quantity of urine drawn off, one quart, still heavily loaded with albumen.

Friday, 8 o'clock. Patient more conscious. Ordered beef essence and whisky.

5 P. M. Perfectly conscious. Says she did not know that she had been sick. Urine albuminous.

Saturday. Still improving. Urine contained a small amount of albumen. No medicine except a gentle cathartic.

Resume of the Pathology of Uremic Puerperal Convulsions.

Pressure of the gravid uterus within the abdomen seems to be the originating cause of this kind of convulsions. In the first place as the uterus enlarges in the pelvis, it presses upon the rectum and bladder, especially the former, preventing the free and easy evacuation of the fæces, consequently there is more or less intestinal distension.

As it rises higher it presses upon the large veins passing along the brim of the pelvis. The veins of the lower extremities become unusually full of venous blood, and the stagnation, as it were, goes so far that the serum of the blood is pressed from the venous capillaries into the areolar tissue, giving rise to an oedematous condition. The blood thus so long detained from the general circulation, must undergo some change in its ordinary elements.

The uterus increasing in size still more comes to press upon the aorta and iliac arteries, preventing the blood from circulating in the lower extremities in its usual quantities; and by the backward pressure upon the column of blood, causes more of it to be sent to the head and upper part of the body. This upward distribution of the blood is also augmented by the pressure upon the small arteries and veins in the abdomen, excluding it to a considerable degree from this cavity, when distension becomes

great. The diaphragm is pushed further up by the enlargement of the uterus, diminishing the thoracic cavity, and it contains less blood than usual; and its due oxygenation is rendered difficult.

This interference with the circulation produces a hyperemic condition of the nervous system, and increased general excitability. Pressure upon the abdominal organs, not only causes unequal distribution of blood, but its quality is deteriorated; the secretory and excretory capacity of the organs is impaired. The intestinal glands do not produce their full supply of secretion. The liver and pancreas, likewise, have their functions interfered with. But another, and perhaps more serious complication, is the pressure upon the kidneys.

Pressure upon the emulgent veins retards the return of the blood from the kidneys to the general circulation. The capillaries are over-distended with blood, and the serum of that fluid transudes and appears in the urine; and when the urine is properly tested, the albumen thus effused is detected.

This exudation is an evidence of embarrassment in the excretory functions of the kidneys, and the congested condition which exists when albumen is present in the urine, is sufficient to prevent the excretion of urea. The elements of this excretion are retained in the blood, and may be detected by chemical agents, according to some observers, in the form of carbonate of ammonia. But what special forms they assume, failing to find their way out of the blood, investigation has not yet discovered. We only know positively that a deleterious effect is exerted upon the nervous centres, when albumen is present in the urine, and that this deleterious effect is increased by the hyperemic condition of the nervous centres, which exists in the pregnant condition, and is caused by the pressure upon the large vessels and abdominal and thoracic organs.

What is the special morbid change, or what is the special morbid agent in the blood, which, when accumulated in sufficient quantity to produce puerperal convulsions, we know not, and will not know till pathological chemistry, which is still in its infancy, has grown and advanced to an extent and certainty infinitely beyond its present very limited bounds?

Albumen in the urine is often found to precede, complicate or follow various diseased actions in the animal economy. Before Dr. Bright drew the attention of the profession to the subject of albuminuria, some thirty years ago, the condition of the urine,

particularly in regard to the presence of albumen, was rarely or almost never looked for in practice. Now albuminuria is found to play an important part in some points of the obstetric pathology of the present day. Yet we can not attribute the occurrence of puerperal difficulties to the mere presence of albumen, because; the loss of a far greater amount of albumen from the circulating fluid would produce no special effects upon the nervous system. But the presence of an excess of albumen in the urine is accompanied by other changes in the venal secretion and in the blood; there is a diminished amount of urea eliminated, and perhaps of other excrementitious matters, which should be passed off by the kidneys.

Urea itself, according to Dr. Frerichs, does not produce any deleterious effect upon the nervous centres, but, undergoing decomposition in the blood, and becoming converted into carbonate of ammonia, it exerts its toxicological effects upon the cerebro-spinal system, producing convulsions and coma.

Dr. Owen Rees, observing that the occurrence and intensity of uremic symptoms do not always correspond to the quantity of the urine, and that the blood may be loaded with urea, and yet no such symptoms occur, conceived that a certain thinness and watery condition of the blood was an essential condition for its production; but as uremia occurs in many cases where the blood is not watery, and watery blood is not always attended by uremia, this view can not be accepted.

Dr. Treltz supposes that carbonate of ammonia is the poison, but that it is not formed, as Frerichs supposed, in the blood, but in the alimentary canal; for he says, when the kidneys do not act, the urea is eliminated by the bowels, there decomposed, and it may again be absorbed into the blood and produce uremia. Neither can this theory be accepted, since Bauquelin and Segalas, injected urea into the veins of dogs and rabbits, without leading to any result beyond an increased secretion of urine. As, on the other hand, they found that the injection of pure urine was fatal, they concluded that all of the elements of the urine together constituted the poison. Bichat and others, however injected filtered urine without injury. Uric acid, urate of soda and ammonia were injected with like results.

Oppler has found that the symptoms resulting from carbonate of ammonia are, by no means, identical with those seen in uremia; and able chemists have failed to discover the salt of

ammonia in the blood of the uremic. Oppler found that there is a retention of the products of muscle waste in cases of Bright's disease, and conceives that there may be a similar retention of the products of nerve waste, and to the deleterious influence of this substance he would be inclined to ascribe the symptoms.

The experiments of Oppler and Zalisky make it appear, that urea is formed by the kidneys from nitrogenous materials in the blood, a fact which, if it be confirmed by other observers, will afford further evidence against the earlier theories.

One of the most recent writers, Dr. Rommelaere, of Brussels, conceives that the nervous symptoms are not to be ascribed to one cause, but to many causes combined; for, he remarks, when the functions of the kidneys have been interrupted, not only does the waste azotized matter cease to be eliminated, but water accumulates in the system, causing impoverishment of the blood, and increased tension of the blood vessels. To the combined action of all these, the nervous symptoms are referable.

Dr. Barnes conceives the venal affection to result from the kidneys, being over-powered in their effort to eliminate the excrementitious matter forming in the system, and thinks it probable that sometimes albuminuria and uremia are of sudden origin; and that the convulsions follow almost immediately upon the failure of the kidneys. He (Dr. Barnes) has published in the *London Lancet*, 1865, a report of the analysis of the blood in puerperal eclampsia.

In this case the serum of blood drawn during the attack, was found by Dr. Barnes to contain urea and crystals of uric acid. Certainly then urea existed in the blood in substance, and not necessarily as carbonate of ammonia. Now, he did not contend that, therefore, the urea and uric acid were the poisonous elements that excited the convulsion, but as indicating that the kidneys were overpowered, unable to throw off the excrementitious matters forming in the system, the urea and uric acid in the blood might be the exponents of other excrementitious matters not cognizable to the chemist, which acted as poisonous irritants to the nervous centres.

Dr. Braxton Hicks inclines to think that the renal affections and the convulsions, which so often co-exist, may both be caused by some deleterious ingredient circulating in the blood. He also thinks that a condition of the system very similar, probably identical with Bright's disease, exists in pregnant women with

anasarca and albuminous urine, etc.; that is to say, intimately associated with pregnancy, commencing only after pregnancy has begun, and passing off when it is ended, to again be lit up during each successive pregnancy, till a more or less permanent state of the disease is established; and thus pregnancy may be said to be one of the causes of Bright's disease. With this state eclampsia may be associated.

Dr. Hammond remarks, the theory which much observation and numerous experiments have led me to think most probably correct, is that which ascribes uremic intoxication to the direct action of the elements of the urine retained in the blood upon the brain and nervous system, in a manner which we do not at present understand. Of these elements we have strong reasons for deeming urea the most poisonous. It is true that urea has been directly introduced into the circulation, but when the kidneys performed their functions properly, it only served to increase the amount of urine, being quickly eliminated; but when the kidneys do not properly deplete the blood, then uremic intoxication occurs with convulsions and coma. But for a further elucidation of the cause of puerperal convulsions, we must wait the developments of pathological chemistry.

In the preparation of the above report, the following works have been not only referred to, but liberally used:

Medical Record, 1866.

Obstetrical Transactions, 1868.

Braithwaite's Retrospect.

Dr. T. Grainger Stewart's Diseases of the Kidneys.

Dr. Dickinson on Albuminuria.

Dr. Simpson, Diseases of Women.

American Journal Medical Science, 1861.

Published Proceedings Cincinnati Academy of Medicine.

CENTRAL MEDICAL SOCIETY.

WESTERVILLE, Franklin Co., Ohio, Jan. 22, 1869.

EDITOR LANCET AND OBSERVER: At a meeting held in this place by the medical faculty on the 17th ult., Dr. C. P. Landon was elected chairman, and Dr. P. F. Beverly was elected Secro

tary. The Chairman stated that the objects of the meeting were to organize a Central Medical Society, auxiliary to the State Medical Association, for the promotion of fellowship, mutual improvement, protection and the advancement of the Medical and Surgical Sciences.

Drs. Page, Beverly and Follet were elected a committee to draft a constitution and by-laws to govern the society. Drs. Landon, Beverly and Neil were elected an Executive Committee, and it was agreed upon that a meeting should be held on the 14th proximo for permanent organization. The Executive Committee sent out some fifty printed circulars to the neighboring cities, towns and villages, calling for members of the *regular profession* to convene at the time and place for the purpose aforesaid. On the 14th inst. about a dozen physicians responded to the call and the meeting was organized by Dr. Landon taking the chair and Dr. Beverly as Secretary. Dr. Page made a report on constitution and by-laws, and the Secretary read each article and section and they were adopted in the order presented with but very little alteration, and as a whole, and the Code of Medical Ethics of the American Medical Association was adopted as the rule of our relationship with each other and with the public.

The following gentlemen signed the Constitution and paid the initiation fee:

C. P. Landon, P. W. Beverly, A. Andrus, Z. F. Guerrin, Westerville, O.; Wm. F. Page, Johnstown, O.; Alex. Neil, Sunbury, O.; O. Johnson, Wm. W. Pickett, Worthington, O.; S. W. Ranney, Hope, O.; I. Williams, Central College, O.; John McClurg, Centreville, O.

The election of officers of the Society for the ensuing year then took place by acclamation. The following gentlemen were elected:

Dr. C. P. Landon, President; Dr. Wm. Paige, Vice-President; Dr. P. F. Beverly, Secretary; Dr. J. McClurg, Treasurer; Drs. Neil, Johnson, Andrus, Censors. The Chair appointed Drs. Ranney, Paige, and McClurg, Executive Committee.

The Society will hold their meetings quarterly, at such points in the District as shall be decided upon at the last meeting. The next meeting will be at Johnstown, in April next. Society adjourned.

C. P. LANDON, *Pres.*

P. F. Beverly, *Secretary.*

Correspondence.

LETTER FROM DR. WHITTAKER.

Some Peculiarities of Obstetrical Instruction and Practice in Berlin.

BERLIN, Jan. 10, 1869.

EDITOR LANCET AND OBSERVER: Across from the Royal University is erected a modest three story building, which bears upon its front in large golden letters the inscription, "*Fredericus Guiliemus III. Artis Obstetricæ Dedicavit MDCCCXXVIII.*," and which in accord therewith, forms the Lying-in Hospital of the city. It is a small affair for so large a city, but it has contributed its full share to the instruction and progress of the art of obstetrics. Siebold, Busch, Meyer, and Martin, have, at different times, been the professors here, the latter professor, Edward Martin, is the present incumbent. The first story of the building is occupied by lecture rooms and the obstetrical museum; the second, the patients' wards, and the third contains the apartments of the Professor's family, a wise provision it was thought, as it secured his presence at that particular time when aid is most required. The obstetrical system of instruction consists of a didactic lecture, three times a week, (here, as in every department, the clinical course is paramount to the didactic,) and a daily clinic in the rounds of the wards, where some of the candidates are made to undergo the extremely rigid examination of the State. The polyclinic, or out-door clinic, brings a rich amount of material in reach of the class. Notification of approaching labor is sent to the Institute, and the case is assigned to some member of the class, who is furnished with a printed blank form to be filled with details even to the most minute. Every case has been previously examined at the hospital, so that its character is pretty well known. The system of record is almost complete, the history of many cases may be followed back for a period of five or ten years, including all the contributions which the party has made for the increase of the State's population. The attending student is strictly enjoined to send for assistance whenever any complication renders the case difficult or dangerous, and on every Tues-

day the cases are all reviewed from the blank form by the professor, and the student is required to state the case before the class. Abnormities as monstrosities, with all morbid specimens are duly preserved and exhibited with appropriate explanations.

One of the most singular as well as interesting peculiarities of instruction is that of the Thursday evening examination by Touch, the "*Touchire Stunde*," some forty or fifty cases of pregnancy are driven into the lecture room like a drove of cattle and ranged around its four walls, all standing. The students are directed to commence investigation and are each in turn after its completion examined by the professor. The group of women, upon whose countenances are stamped all the passions, from shame to brazenfacedness, each with a kneeling student before her engaged in the practice of his tactile explorations might form a collection for an artist. The following points are to be noted; Externally.—the height of the fundus above the umbilicus; the condition of the umbilicus; general contour of the abdomen pendency of the same; position of the small parts as revealed by palpation; ballotement if it can be observed; condition of the inguinal glands; presence or absence of varices of the vulva or thighs; per vaginam condition of the orificium pudendi as to its resistance, width, etc.; state of the vagina; length of the cervix; condition of the os; the oblique conjugate; ballotement; presenting part if possible; primipara or multipara; duration of pregnancy and time of labor, the duration of pregnancy is reckoned by the lunar system including ten months. One or two patients are then laid in bed for the verification of the supposed position by the locality of the placental and foetal sounds. In addition to this the class is notified of all cases requiring aid which occur in the hospital during any period of the day or night.

Under the anatomical novelties is mentioned a peculiar outward bending or wrench of the descending ramus of the pubes and the ascending ramus of the ischium, affording a corresponding increase of space. This external twist which causes the internal surface of the rami to look more downwards than inwards is considered a more characteristic evidence of the female pelvis than the simple increased distance of the opposed rami, or the greater obliquity of the angle of the arch, or indeed than any other one difference between the pelves of the sexes hitherto given.

The cartilage of the symphysis projects a little inwards beyond

the internal surface of the pubic arthrosis, which causes a deflection of the urethra to one or the other side, generally to the left, of practical import from the fact that the meatus urinarius is in accordance therewith, a little to the right or left of the median line, generally to the left. Contracted pelves are far more frequent here than with us, hence great attention is paid to the external diameters. Every case, without exception, is subjected to an exact measurement with the pelvimeter, Martin's improved form. The distance between the ant. sup. spin. processes, between the cristæ ilii, between the great trochanters, the external conjugate diameter, and above all the *oblique* external diameters. The whole system of induced labor is based on the results of these measurements, the method of induction being Kiwisch's, or the douche. Prof. Martin has also published the records of a case, in which, by prodalic version, he succeeded in changing a head presentation, which was descending in a contracted orb, oblique to a footling in a normal left, with success. In the long strife between Hodge and Naegele as to whether the one or the other parietal bone appears first, according to Naegele, or both appear at the same time, Hodge, at the inferior strait, that is, whether the presenting part descends squarely or obliquely, Prof. Martin sides with his instructor. The lateral position of the caput succedaneum he regards as proof indisputable. He entertains the opinion also that the oblique position of the uterus in the abdomen, generally inclined to the right, exercises a tendency to, even compels an oblique position of the head. This obliquity of the uterus, which twists its left border to the front and the right to the rear, and the fact that the transverse diameter of the organ is greater than the longitudinal, necessitates the assumption of the first position of the fœtus, which thus finds its greatest convenience, which he regards as corroborated by the fact that when other positions exist there are other relations of the uterus concomitant. In part confirmation I may be pardoned, perhaps, for mentioning the singular results of a cæsarian section made here not long ago, and which may serve of no little practical value in the execution of this operation. Patient had just died of tuberculosis, pregnant about eight months. There was a suspicion of a detection of fœtal heart sounds. The abdominal incision was made directly in the median line and continued down through the uterus, child extracted dead. An examination of the uterus after removal revealed the fact that

the incision through its walls was almost directly in the right border. The round ligament was completely severed, and the fallopian tube partially, the walls of the uterus displayed the large lumina of the vessels divided just at their entry. To complete the chain, the placental insertion was right lateral. The moral of this story is, that the uterus is to be held squarely in situ before and during the incision through its walls.

The Professor adopts the view of the reflex nervous action in the etiology of the time of labor. Considering the high grade of muscular development, its many ganglions and great increase of nerve force, it only requires a slight "shove" *stosz* to set it in motion. On this theory there can be, of course, no fixed day for the inception of pains. That pregnancy has been sometimes prolonged beyond forty weeks has been clearly proven in animals. Forty weeks is the general period, because that is the period of greatest susceptibility, the irritation or exciting cause may occur from the vagina, as would appear to be evidenced by the great number who are "taken" just after the "Touchere stunde." It may originate from the uterus as from a slight effusion of blood, from undue exercise, changes of temperature, friction of the fundus may even induce premature labor, irritation from the rectum, skin, etc. He cites a case in which a pregnant woman fell into a river and was extracted, delivered. Irritation of the nipples, attacks on the nervous system, may all act as causes. Contraction begins at the fundus, which thus protects the placental attachment and descends from there to the neck, which is also not merely passive, except in pathological conditions. The vagina is likewise an active agent, its contractions assuming a spiral direction, which are, however, only efficacious for the after birth. Most of the cases of uterine rupture are due to the powerful action of the organ with the abdominal muscles against a head in an improper position, and consequently occur in that part of the uterus where the head or resisting body lies. The separation of the placenta with still adherent membranes, he alleges as a cause of *inversio uteri*. The value of diligent auscultation is strongly insisted upon throughout the labor, so soon as the heart sounds become irregular or slow, the birth is to be accelerated. An oblique position of the *foetus* can be sometimes rectified by causing the patient, during the latter part of pregnancy and the beginning of labor, to lie on the side corresponding to the position of the head, that is if the head be in the

right iliac fossa, the decubitus to be the right lateral. A breech presentation with the descent of one foot is more favorable because of the control of the case that may always be maintained, and on account of the danger of pressure of the cord between the limbs and chest when both limbs are retained. When one foot descends, and but one should always be drawn down in version, it is always to be brought under the pubic arch, as otherwise the pressure of the remaining thigh may induce serious injury to the bladder of the mother, or an accident of more frequent occurrence the remaining thigh may be fractured. Besides the increased danger of pressure of the chord in all cases of breech presentation. These cases are always of more serious import to the life of the child than vertex cases on account of the longer contact of cold upon the skin, which may and does reflexively excite respiratory efforts, when liq. amnii with meconium and vernix caseosa, which is a secretion of the sebaceous glands, may be swallowed to the deepest bronchi.

Delivery by expression is another of the novelties in practice here. It has been revived in these latter days by Kristeller of Berlin, and has received favorable mention in certain cases by Abbey, of Danzig, in a little contribution of a series of letters, on Obstetrics which has just appeared. Expression consists in grasping the uterus in both hands at its fundus, sinking the fingers behind and spreading the hands over it with the thumbs on its anterior surface, then by contraction of the hands and downward pressure toward the pubes, at first with feeble pressure and at long intervals, later with stronger and quicker contractions, thus imitating nature in inducing, or substituting in their absence, the uterine contractions. (*Verarbeiten der Wehen.*) Suitable cases for its execution are atony of the uterus, in many cases of which it is claimed to be of great assistance to the forceps, occasionally, indeed, rendering their application unnecessary. In those cases of vertex presentation in which the head, by reason of its obliquity of position, is delayed at the fossa ilii, an appropriate exercise of expression will rectify it. In all cases where the birth requires to be hastened, when the head is above or at the superior strait, great power can be brought to bear upon it in this manner. A delayed placenta can be quickly expressed. The fear of uterine rupture, that might theoretically be entertained, does not seem to be justified in practice. The operation is simply a revival in a modified, more discriminative and rather more

humane form of the pristine, and still in many uncivilized lands, practicable method of assistance in difficult cases, as may be seen by a perusal of Siebold's beautiful, classical, and eminently successful "Attempt at a History of Obstetrics. Berlin, 1839."

Cephalic version by the bimanual method is highly lauded. The whole credit of its first execution, however, throughout Germany is given to Braxton Hicks of London; perhaps, because of the extensive distribution of his brochure, translated by Kuneke of Gottingen in 1865. It is a matter of regret that Professor Wright's essay on the subject is not at hand, of the primogeniture of which I am almost certain.

The management of the puerperal bed scarcely differs from our own. In the process of involution the cervix always remains more relaxed than the body, and hence is more liable to rupture under any mechanical treatment, rest, of course, is the essential treatment, untimely efforts, exercise, and above all premature coition, causing troubles of every description, and especially, since the appearance of the French work of Bernulz and Goupil, hæmatomata play an important part. Most of the flexions and versions, which afterwards become so troublesome and obstinate, arise during the week bed, generally, because of a too prolonged dorsal decubitus. After the fifth or sixth day the uterus can glide under the promontory, when an occasional lateral or anterior decubitus is imperative as thus adhesions posteriorly to the retroverted organ are avoided.

Puerperal fever, diphtheritic, phlebitic or nephritic is treated with phosphoric acid, on the theory of Prof. Carl Braun, of Vienna, of neutralizing the carbonate of ammonia, generated in the blood. As to its success there is scarcely much reason to boast. As far as my limited observation goes, the mild cases recover and the serious ones generally prove fatal. Professor Traube's mercurial treatment, which is an imitation of Seyfert's of Prague, with the difference that Traube always applies the remedy by inunction, has yielded somewhat better results.

Perineal ruptures are classified as to their extent into superficial and deep, and as to their duration, recent or chronic. Mention is also made of the central variety, in which the head passes between the post-commissure and anus, without implicating either, this rupture, which is seldom and can only occur under definite circumstances, is generally of a V or faint and oblique S form. Recent ruptures are in the far greater majority due to births, seldom from traumatic causes, as from fracture of a night

vessel, etc. They are rarely attended with serious hemorrhage, often with a burning pain, and, according to the extent of the injury to the spineter, disturbances of defecation. They may become the seats of diphtheritic or canceroid ulcerations, which, of course, increases their gravity. Union by first intention is the rule in slight ruptures, when this process is disturbed by granulation. In the latter case cicatrization ensues, which sometimes seriously involves the rectum. Prolapsus uteri, as maintained by some, can hardly be caused by perineal rupture, as the uterus is not supported by the perineum, but by its ligaments, and principally the sacro-uterine. Most of the cases which have been observed here, he regards as rather dependant on an elongation of the cervix. The rectum sometimes descends through these ruptures, and thus is frequently induced an incontinence of feces, which, according to the degree of prolapse, may permit only flatus to pass, or fluid feces, or finally everything. In the etiology of this affection are mentioned retraction of the coccyx, narrow symphysis, a change of form of the sub-pubic ligament, narrow or rigid vaginal orifices, large bi-parietal diameter of the child's head, an unfavorable position or presentation at the moment of passage, *durchschneiden*. The delivery by the Prague grasp, and finally, of more importance than all others, the condition of the perineal tissue itself. Syphilitic, œdematous carcinomatous etc., effections render the tissue more friable. The chief prophylaxis is the prevention of the too rapid exit of the head, judicious support and the care that the occiput shall ascend a little above the symphysis before passage, generally, though not always prevent its occurrence. The best support is afforded by the hand extended without intervening cloth, in a transverse direction. Too much support may, however, lacerate the vagina on its anterior wall, so that the exercise of some discretion is necessary. The incisions into the distended perineum, where a rupture seems inevitable, is perfectly justifiable. This operation, which was first proposed by a physician in Marburg, found a steadfast opposer in Naegele, who, at one time caused a Hebamme to be sent to the House of Correction for its execution. The Professor advises three incisions, one on each side and one in the middle line, posteriorly from the post-commissure, the incisions to be two or three lines long, and to be made with a pair of blunt pointed scissors, the tissue tears anyhow in some cases, but never to the same extent as without them.

He urges against the subcutaneous section of the constrictor cunni, as suggested by Colin, of Hamburg, the danger of succeeding infiltration. The incision above at the anterior commissure as recommended by Allimander, may give rise to serious hemorrhage. The operation for the cure of rupture is that of our own, the stitches first in the vagina and rectum after paring the surfaces, and then the deep quill suture, of the efficacy of which he speaks in the highest terms. In the after treatment the lochia is not to be permitted to enter the wound, the urine is to be discharged in catheterization, bowels are to be locked with opium and all nutrition to be of a fluid form. W.

LETTER FROM A. J. GARDNER.

Carelessness of Druggists.

GRAND RAPIDS, O., Dec. 23rd, 1868.

EDITOR LANCET AND OBSERVER.—In the December number of your journal, I notice another case of death from carelessness of a druggist in putting up wrong medicine, and your comments. The subject of renewal of prescriptions has called out a variety of opinions, and as the matter now stands "so far as heard from," in some sections of the country the patient retains the prescription, and in others it is taken up by the druggist. The physicians in this place request us to take up the prescription, and my own opinion is that it is right. The prescription is sent to the druggist (by the hands of the patient) from the physician, directing what medicine to be put up, and how it is to be taken, and is not intended to *suit* his case a month or a year hence. Once in a while a patient insists upon retaining the prescription, and in that case we give him a correct copy and retain the original, numbered, and filed in prescription books, and can refer to it as often as necessary in case of renewal. That would prevent mistakes. For if the copy becomes worn or illegible no *safe* druggist would refill it, but refer to original.

I don't think druggists are to blame in all cases of poisoning or in making mistakes in putting up prescriptions, as it is almost impossible to decipher some of them written by *first class physicians*, especially when they put on "*style*" by abbreviating and using symbols and signs that should be obsolete.

I inclose you a prescription sent in a few days ago, but being absent, the physician who wrote it came into the store and put it up, and when I returned he called my attention to it to pay for the medicine. I charged him with 4 ounces of Tinct. Digitalis. He said he only had four drachms' and contended that the symbol was the correct one for drachms. What say you?

R.—2 Drachms Fl'd Ext. Digitalis—or 4 $\frac{3}{4}$ Tinc.

1 ounce Fl'd Ext, Prunes.

Wine 6 ounces.

Dose, at first, half-tea-spoonful every four or six hours.

In regard to educated druggists I think it is high time something was done to prevent the indiscriminate dispensing of drugs, medicines, and filling prescriptions by persons who know nothing of its business. It should be confined to educated physicians or pharmacutists, and one such person should be retained in every drug-store. I don't believe, from my own observation, there are over one-half of the drugstores in this State who have a competent person connected therewith to fill prescriptions properly, and with safety to the patient, and if I was to resume practice I would dispense my own medicines, before I would allow a prescription to go into any store where they did not have some one educated to the business, and *competent* in every respect. The success of physicians depends very much upon having *pure* medicines, and great accuracy in the filling of prescriptions, and if the profession would move in this matter, of requiring druggists to keep such persons, instead of boys, we would not hear of so many deaths by carelessness of drug clerks.

There has been a good deal said about the arranging and keeping of *poisons* in drug stores so as to prevent accidents. My plan is to place all poisonous tinctures, fluid extracts, or preparations on a shelf together, place under the pharmaceutical label in front "Poison—Be careful." On the back side the common name in plain English and with ordinary care a poisonous medicine will not be likely to be given in mistake. I never allow any bottle or package containing any poisonous medicine to leave the store without being labeled plainly "Poison." There is a law in the statute of this State requiring arsenic to be colored by suet, lampblack or prussian blue, to prevent its being used by mistake for soda or some other article of the same general appearance. It was not more than four months ago, a physician's family including the physi-

cian, was poisoned in Iowa, by his wife mistaking arsenic for soda, in mixing some biscuit. Both packages were on the mantel shelf.

A case of death from poisoning occurred about six miles from here, four years ago, by the mother giving her son (a young man,) some morphia *supposing* it was quinine. She got the medicine some time before from a doctor, but it was not labeled. We have a good many packages of arsenic returned to us as not being good because it is not *white*. We explain the reason, and they are satisfied, but it is doubtful if many druggists observe the law in dispensing arsenic.

We have a law regulating the traffic in liquors, which is of small consequence comparatively to the risk incurred by allowing irresponsible and non-educated persons to dispense medicine indiscriminately as is now done throughout the country.

If there was a united effort made by physicians and druggists who understand their business, to have a law passed requiring men engaged in the drug business to be *qualified*—also requiring physicians to write their prescriptions in full, dispensing with signs and symbols, mistakes would not be so frequent as they now are.

Use of Carbolic Acid,

LITHOPOLIS, February 2nd, 1869.

EDITOR LANCET AND OBSERVER: Where will the use of our much lauded friend, "Carbolic Acid," cease? We have it used in all forms of ulcers, whether gangrenous or simple, and now our respected confrere from Ridgeville uses it in "Dysentery," and proposes that we should use it in "Typhoid Fever." Perhaps we may, but we prefer to hear the result of the experience of our friends, before we give up our "hobby" of careful nursing and supporting remedies, but I do propose to mention wherein I have used it, and with, I think, very encouraging results.

I have read the reports of the *Academy of Medicine* of your city, on the "Discussion of Diphtheria," with careful interest, from the time it was first commenced until the close, and have discovered the following points worthy of special notice:

First.—That the members thereof have shown themselves not lacking in energy in their persistent attempts to misunderstand each other, and

Secondly.—That each one seems to have some "pet hobby," as a local application to the throat, and

Third.—That upon one point they are almost unanimously agreed, viz. That whatever may be their special local application, a constitutional and supporting course is indicated.

Having used as a local application the Tr. Ferri Murias diluted, then full strength, by means of the sponge probang, to the fauces—then a solution of nitrate of silver at different strength and having the exudation appearing upon the abraded surface, after each application; the patient becoming more and more prostrated, notwithstanding a vigorous constitutional and supporting treatment, with symptoms of approaching dissolution, viz. vomiting, hiccough, with increased frequency of pulse. I thought of our friend "Carbolic Acid."

At first I used a solution of gtts \times to $\bar{3}$ i of distilled or rain water, by means of the sponge probang, to the throat and fauces every six hours, at the same time continuing the constitutional treatment, (as the patient could bear it,); afterward increasing the strength of the solution, as well as frequency of application, with a marked improvement in the condition of the patient.

One of the first cases in which I used the acid as above, was that of a little girl, ten years of age, very anemic with vital powers considerably reduced, having had frequent attacks of intermittent fever during the last two years, the disease having been in progress for three days, with a dark colored mass covering each tonsil, upon which the Tr. Iron did not seem to have the least effect, and the sponge removing pieces of the ulcerated mass, only to be reproduced by a new deposit of exudation, the acid seemed to exercise great control, and the appearance of the throat was very greatly improved after each application.

In one case, a young man, aged twenty-three, married six weeks, the disease of three days duration when first seen, (the friends thought themselves capable of treating the disease.) I found the following:

Haggard look; sunken eyes; pulse, 132 $\frac{1}{2}$ per minute, which soon increased to 138 per minute; vomiting almost every time any medicine (as quinine or iron); was taken with increased suffering whenever the Tr. Iron was used as a local application; tonsils covered with a thick heavy deposit, some portions quite dark; soft palate, and fauces of a deep red, almost scarlet color; with inability to take nourishment.

I at once commenced to use the acid as an application to the throat, with counter-irritants externally, and small quantities of mucilage of acacia and beef tea internally, also used the hypodermic injection of morphine over the stomach, with marked benefit. The patient could not retain either quinine, brandy, whisky, or wine in his stomach for some hours. As soon as the patient could bear it, constitutional treatment was commenced in small doses, and relied entirely upon the acid as a local application to the throat in this case. The result was most gratifying not only to the friends, but to myself, and within one week from the time I first saw the patient he was convalescent. I might add that he had very careful nursing.

I have used the acid as above in several cases, and deem it superior to any application I have ever seen used. It is not as unpleasant to the taste as either the Tr. Iron or nitrate of silver, and even small children do not have that fear of it, that they do of the remedies just mentioned.

I have not used it sufficiently to say that it will cure or even relieve every case of diphtheria, but look upon it as a remedy that will give as great satisfaction in this disease, as a local application to the throat as any that has thus far been tried.

It is only necessary to add that it should always be applied by means of the sponge, so that every part of the diseased surface may be touched.

G. S. C.

FRANKLIN, January 21st, 1869.

W. H. MUSSEY, M. D.: An old patient of yours and mine died last night, and this morning I made an autopsy cadaverica. As the examination revealed the fact that Ross was beyond mortal skill, I thought you might be interested in its result. The spleen was, if not truly scirrhus, greatly indurated and cut like gristle, and was about ten times its normal size. The liver was about thrice the usual size, and over lapped, or rather under lapped the spleen, and was firmly attached to it for from four to six inches. The upper portion of the right lung was congested, and the lower portion of both hepatized. The heart was twice the natural size, and its walls quite thin. *The blood was largely chylous and purulent.* How long this condition had obtained, I am unable to say. There has been no sudden change in any

symptom, excepting occasional extreme exhaustion from epistaxis, when I did not observe any peculiarity in the blood. The appetite and digestion have been good. The dropsical effusion has gradually increased, both in the great cavities and the cellular tissues, and for the last ten days has so greatly interfered with respiration, that he has not been able to lie down.

On Monday I performed paracentesis, but the organs were so large it was followed by but slight relief.

The case was interesting from the amount and complication of organic disease, but chiefly so, to me, from the condition of the circulating fluid. The wisest of us, I believe, do not pretend to understand the formation of the spleen. Some say it is the receptacle of the blood when thrown in unusual quantities to the centre—certainly a very unsatisfactory explanation, and whatever will throw light upon this dark point in physiology, ought to interest us. Other causes have led me to suppose, and this has largely confirmed the idea, that its function is similar to that which Prof. Meigs attributes to the *endangium*.

Most of those suffering from serious splenic disease have a pale, tallowy look. This had been a marked condition in Ross for several years, and a post-mortem revealed not only a useless spleen, but blood vessels filled with chyle, and blood almost without red globules, and incapable of resisting decomposition.

Respectfully,

W. L. SCHENCK.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Extirpation of Lachrymal Gland.

By A. D. WILLIAMS, Cincinnati.

Morris Coffee, aged twenty-four, healthy, Irishman.

History.—Had small-pox when young, which marked him slightly in face. Since three years has had constant epiphora of left eye.

supposed to be caused by repeated sties on the edges of lids. The watering has interfered with his work, because it fills up the eye and obscures his vision, and keeps the conjunctiva all the time red and irritable. For these reasons he is very anxious to be relieved of the trouble. It has never pained him.

Status præsens, at the time he applied at our private clinic, April 10th, '68, is as follows: Slight blepharitis marginalis of upper lid; eye somewhat red, and constantly suffused with tears, which often run down over his face, if the eye is not constantly dried with the handkerchief. The upper canaliculus is completely closed, so far as I can judge, in its entire extent. Can pass the probe into its orifice, where it comes against firm obstruction. The lower canaliculus is also closed, but not so firmly as the upper. Can pass the probe farther into its mouth, before reaching the obstruction, and by a little force the probe can be passed through it, or else it penetrates the mucous membrane and makes a false passage. It enters in the right direction, till the point comes solidly against the osunguis. When water is injected into it, it passes into the cellular tissue beneath the skin, over the region of the sac, proving positively that the probe has made a false passage, else the water could not make its way out under the skin. There is no swelling of the sac, no suppuration, and no dacryocystitis. This makes it quite probable that the nasal duct below the sac is not closed, otherwise the natural secretions in the sac would accumulate and cause it to swell, forming what is called lackrymal tumor.

Under such circumstances, what is best to be done? What can be done? The patient insists upon any thing that will relieve him of the very troublesome epiphora.

The opening of the sac through the canaliculi is impracticable, from the fact that they are closed firmly, and probably even obliterated. Could they be opened down to the sac, it would be impossible to keep them open after the repeated introduction of probes was stopped. It is, therefore, considered impossible to open up a way through which the tears can get into the sac. The only alternative is to stop the secretion of tears, and thereby their flow, and thus relieve the epiphora.

The secretion of tears can be stopped only by extirpating the lackrymal gland, which, in this case, would certainly be justifiable. Its removal was decided upon, and the patient readily gave his consent, as he was determined to rid himself of the trouble-

some lacrymation. I first treated the blepharitis marginalis, which got well in a very short time.

April 14. I performed the operation, being assisted by Dr. E. Williams. The patient was chloroformed well, and the operation begun by making an incision from a half to three-quarters of an inch in length along the upper and outer margin of the orbit through the skin. Then the adipose tissue and orbital fascia was carefully penetrated, using the finger as a guide and protection to the eye-ball. As soon as the finger could be passed beneath the edge of the orbit, the hard, dense lachrymal gland could be felt lying some distance back in the socket at its upper and outer portion. I now passed a small sharp hook along the finger, and hooked it into the substance of the gland, after the direction of Mr. Lawrence, and drew it out at the external wound, and carefully dissected it away with the scissors and knife. The gland was removed as completely as possible. In doing this the cul de sac of the conjunctiva was accidentally opened. The blood was removed, the wound cleansed and nicely united by silk sutures. A compress was laid upon the wound, and a bandage over that, drawn only moderately tight.

The patient was directed to use cold applications, if it should hurt him. After the operation a slight drooping of the lid is noticed; the movements of the eye ball are perfect; the eye seems to be drier immediately after the operation than before.

April 15. Patient passed a good night; not much swelling; no pain; wound nicely healed; eye moves perfectly in all directions. Some clotted blood escapes from the cul de sac of conjunctiva. The opening in it has thus proven to be a benefit, rather than a disadvantage. The blood from the orbit has free exit through it. Slight ptosis noticeable. Patient directed to keep the compress and bandage on. Comparatively little water about the eye. Patient could not tell positively as to amount of tears, as the eye had been bandaged.

April 16. Has had no trouble; not much swelling; some ptosis of outer part of lid; motions perfect; wound united well; stitches removed. Irritating medicines applied to both eyes. The non-operated eye weeps freely, while the operated one hardly fills with water. No more blood from cul de sac of conjunctiva.

April 18. Some pain during the night; considerable swelling in neighborhood of wound; fluctuation perceptible; puncture the

skin, and a little pus runs out. Does not extend deep down into the orbit.

April 19. Still some swelling, and little matter escapes from beneath the skin. Has had very little pain.

April 20. Some pain and increased swelling. Still suppurates a little.

April 21. Swelling diminished; less suppuration.

April 22. Swelling going down rapidly; suppuration ceased. Upon irritating the conjunctiva perceptibly less water accumulates in the operated eye.

April 24. Swelling rapidly disappearing; but very little water about the eye.

April 28. Swelling gone; no suppuration; wound closed; eye opens better; less ptosis; some hardness at point of incision; no epiphora; slight moisture noticed in the eye. Has permission to go to work to-morrow.

April 30. Still improving; eye opens better; slight ptosis at outer part of lid; epiphora not at all troublesome. Goes to the country to work; promises to report progress. Altogether the operation is a success, and its object attained. The man is relieved of his constant weeping.

Remarks.—I have not heard from this man since. I *infer* that he has had no trouble, else he would have written. In just this kind of cases I consider this operation, severe as it is, perfectly justifiable. I can conceive of no other class of cases where the extirpation of the lachrymal gland would be justifiable. Only where there is no possibility of opening a way for the tears to get into the sac, should the gland, in my judgement, be removed.

Mr. Lawrence and some Spanish surgeons have advised and performed extirpation of the gland, to relieve the epiphora in ordinary cases of obstructed nasal ducts. This, to say the least of it, is resorting to severe and risky measures, when milder means would be equally successful.

I repeat again, that, in my judgement, only in those cases where the passage to the nose can not be re-established, is the extirpation of the gland a justifiable operation. I would do that only as a last resort.

A Piece of Lime-Stone Half Inch Long and a Quarter Broad, Inside of an Eye for over Fourteen Years.

Bernard Toole was cutting rock over fourteen years since, and a piece of stone struck left eye and put it out. Shortly afterward, he stuck a knife into the right eye, and caused a traumatic cataract. This Sir Wm. Wilde extracted by the old linear operation, and gave the man good sight in it. Some two years ago he had an attack of iritis in that eye, which produced a thin, false membrane through the pupil, and obscured his vision so he could not see to work. On this account he came to see what could be done for his best eye, whether he could be made to see enough to shovel dirt on a railroad or not.

Upon examination I discovered that a piece of stone was projecting from the left eye, forward between the lids. The projecting part was about quarter of an inch long. It projected directly between the lids, so as not to scratch them. The eye ball was atrophied. The end sticking in the old eye was larger than the outer end, so I could not pull it out without causing too much pain. I, therefore, slipped a knife in along the stone and incised the schlerotic, and this made room for the large end to slip out. Then with forceps I drew it out very easily, and found that it was about half an inch long, and quarter of an inch in its broadest part. This had been in his eye over fourteen years. It is a piece of gray lime-stone, and the poor man had brought it with him from the "*ould country*." It was even there when Wilde operated on the other eye. Then it was evidently hid inside of the ball, and was not visible. Since then the ball has atrophied, and pushed one end of the stone out in front. The eye had been severely painful ever since the stone first struck it.

About two years since the pain caused sympathetic iritis in the right eye, which fortunately passed off without destroying it entirely. I found that the proper glass for the cataract eye improved his vision enough to enable him to shovel dirt, and that was satisfactory to him. The prospect of being relieved from the long suffering from the stone in the one eye, and getting sight enough to work with in the other, made the old man so happy that he actually "*leaped for joy*," after the *Irish fashion*. I report the case on account of its rarity and curiosity.

A. D. W.

Editor's Table.

AMERICAN MEDICAL ASSOCIATION.—A number of our medical friends in Ohio, Indiana and Illinois have been casting about for the most agreeable mode of making the trip to New Orleans, in May next, for the Session of the American Medical Association. Several of these gentlemen have been in correspondence with us, and concur in the desirability of making it the occasion of a steamboat excursion. It is proposed to charter a steamer for the round trip, say from this city or Louisville, or say from Cairo; physicians from these three states meeting at that point by rail, on or about a designated day.

We have received a letter from our friend Dr. Hibberd in relation to this matter. He has taken a good deal of pains to correspond with physicians and with steamboatmen, and writes to us that he feels assured to say that a steamboat can be chartered for the trip, Cairo to New Orleans and return, at not to exceed \$35 the round fare; and he proposes, in his letter, to make a definite announcement of what arrangements can be made, say by April 1st.

Now, to put the matter in shape, we propose that all Ohio physicians, wishing to make the excursion in this way, send their names to this office; all Indiana physicians, to Prof. Parvin, at Indianapolis, or Dr. Hibberd, at Richmond; and that Dr. Hibberd designate somebody in Illinois, say at Chicago; also that Dr. Hibberd be a committee of one, authorized to complete all necessary arrangements for securing the boat, and announcing time of starting, together with whatever he may deem fitting the occasion.

EXTRACT OF FRESH BEEF.—Our townsman, B. J. Crew, who is favorably known as a thorough chemist, and whose practical mind has given the profession such useful adjuncts as his spread Mustard and Spice plasters, has introduced a preparation recently, that we doubt not will meet with a cordial reception from the profession. It is a *concentrated Extract of Beef*. Mr. Crew says

"This preparation represents, in a highly concentrated form

the *pure juices* of the choicest beef, evaporated in the most approved manner *in vacuo*, which enables us to preserve in it the peculiar aroma of the fresh beef.

"It differs from the usual forms of extract in avoiding in its manufacture the use of the gelatinous portion of the beef, which add to the bulk of the extract, but nothing to its value."

It is put up in two ounce jars, at \$1.25, representing *the nutritive qualities only*, of about three and a half pounds of the *fibre* of fresh beef.

It will be observed that this price is consistent with the market value of good beef, while some of the concentrated beef dealers in the market profess to sell jars at \$12 per dozen, guaranteeing that each jar shall represent *twenty pounds* of beef!

Mr. Crew's preparation has every appearance of being exactly what it professes to be, and we have no doubt, from the character and professional ability of the manufacturer, that it will give full satisfaction to those who use or recommend it.—*Medical and Surgical Reporter*.

THE CINCINNATI COLLEGE OF MEDICINE held its commencement exercises on Tuesday evening, February 16th, granting diplomas to the following gentlemen:

M. L. Amick, J. H. Anderson, Ind.; E. B. M. Browne, W. E. Caddy, Sam. W. Craig, H. B. Denman, Hugh Ferguson, Edwin G. Keifer, Chas. A. Lynd, F. P. Martin, Ohio; B. B. Mozee, Ky.; M. C. Mercer, Ohio; H. F. McCullough, Ind.; A. J. McIntosh, Ill.; T. McFeely, Ky.; J. A. McKinnon, B. B. Potter, S. Prozman, Ohio; S. M. Royer, Pa.; T. J. Smith, Ohio; J. Q. A. Robbins, Ind.; J. T. Scott, Ky.; A. M. Seatan, F. Stubbemann, J. M. Stutzman, F. M. Thomas, W. F. Wood, Ohio; W. H. Yelton, Ky.

The Valedictory address was given by Prof. A. J. Miles.

THE CINCINNATI MEDICAL JOURNAL AND LIBRARY CLUB.—This Society was organized a few years ago among a few of the young men of the profession, mainly with the view of taking the leading medical journals of the world, and for the cultivation of friendship. Gradually it has added to its members, and incorporated a scientific feature to its meetings. Modifications in its plans, and elections to vacancies in its membership, being essentially by

unanimous consent, it has grown slowly ; but its meetings are exceedingly pleasant, and its future will doubtless continue to be profitable in all its professional influence. In the present number of this journal we give a valuable paper, read by Dr. Brown as his Inaugural paper as President of the Club.

AVERAGE DURATION OF LIFE. A careful study of the bills of mortality in Frankfort shows the average duration of of clergymen to be much higher than in any other occupation, (nearly sixty-six years). Next to these come teachers, gardeners, butchers and tanners, (about fifty-seven years.) The lowest period is that of lithographers and copper-plate engravers, who only attain an average of about forty-one years.

DIPHTHERIA.—Dr. DeLaskie Miller (*Chicago Med. Journal*.) advocates the following prescription as being anti-septic, tonic, restorative and eliminative.

R.—Tr. Ferri Chloridi }
 Potas. Chlorat. } aa ʒij
 Morph. Muriat. gr. j.
 Ac. Muriatric Dil. ʒij.
 Aq. Distill. ʒij.
 Syrupi ʒij.

A teaspoonful should be given every second or third hour; or, in severe cases, every hour without dilution. It also makes an efficient local application. [*Med. Record*.]

MEDICAL COLLEGE OF OHIO.—The commencement exercises of the Medical College of Ohio were held Tuesday morning, March 1st, at 11 o'clock, in the amphitheatre of the College building on Sixth street. The exercises were opened with prayer by the Rev. Mr. Gamble, after which the degree of Doctor of Medicine was conferred upon the following gentlemen :

S. W. Anderson, Henry J. Abbett, John D. Axline, Charles F. Basford, William E. Burch, Daniel N. Brown, John H. Bruce, Clinton Brown, Joseph R. Ballard, Simeon L. B. Blacke, Samuel L. Beeler, A. L. Chenoweth, Geo. B. Crawford, Robert H. Calvert, Robert H. Culbertson, Perry D. Covington, Lawson Drais, Eber G. Dorr, W. Elijah de Courcy, Jesse O. Davy, S. B. Emerson, John Ford, Elijah W. Ford, John P. Freeland, John B. Graham, Douglass H. Harding, Thomas H. Harrison, P. C. Holland, S. S. Horne, Henry Haacke, Asa B. Isham, William H. Jones, J. S. Kelsey,

John E. Markle, J. B. F. Morgan, Dennis F. Moss, I. W. McGinnis, John Mackoy, Jr., Thomas C. Moore, John G. McVay, Samuel B. Morgan, Nathan T. Noble, Thomas Orr, Geo. B. Orr, T. S. Potter, Lieutellis L. Porter, L. S. Rice, John C. Rickey, Theodore N. Rafferty, Robert G. Redd, William H. Rogers, Henly C. Rutter, John C. Sloan, William G. Smith, N. W. Spring, Oliver H. Saxton, Beverly W. Sullivan, Edwin I. Thorn, William E. Tucker, Waddy Thompson, George F. Thomin, Will. W. Vinnedge, Daniel Wilson, J. Owen Wall, John H. Williard, James N. Wood, Jonathan M. Wright, Holmes T. Wilson, Jeff. D. Young, Martin V. Young.

In conferring the degrees Judge Dickson, President of the Board, delivered an address fit for the occasion, and abounding with much good, sound, practical wisdom; after which Prof. Graham gave, in behalf of the Board, the usual Valedictory address to the graduates of the Medical Department of the University of Medicine.

OUR COVINGTON AND ILLINOIS Genetic Association. It re-opens at the University of Wisconsin, where the members of the Association will meet the first of the month the meeting will

EARLY TREATMENT OF EPILEPSY. The directors of the State Asylums have ordered that cases may be admitted during the first additional month, and one year's duration.—*Epilepsy*

COMMENCEMENT EXERCISES. The Ninth Annual Commencement Exercises of the University of Wisconsin, Tuesday evening, March 10th, 1885, was crowded, and the exercises were of great interest.

Rev. Mr. Brauns, of the Seventh Presbyterian Church, opened with prayer, and the President of the Board, Right Reverend C. P. McIlvaine, conferred the degrees. The Bishop made a brief extemporaneous address, full of affectionate and sound wisdom.

The Valedictory, on behalf of the Faculty, was given by Prof. Wm. Clendennin, an appropriate and excellent address. At the close of the public exercises, the class called a meeting and appointed a committee to solicit a copy of Prof. Clendennin's address for publication in the *Lancet and Observer*. The class and a large number of invited guests, medical and otherwise, then assembled at the residence of Prof. Richardson, and enjoyed a supper given by the Faculty, and a delightful re-union, many of the early graduates of the College being present.

The following is the list of graduates:

Thesis.

Diphtheria.
Gonorrhœa Virulenta.
Dysentery.
The Use of Iron.
Fractures of the Long Bones.
Acute Bronchitis.
Pneumonia.
Typhoid Fever.
Fractures.
Acute Pleuritis.
Scarlet Fever.

Incisions.
Erysipelas.
Pneumonia.
Hæmorrhage.
Endocarditis.
E Fluxu Menstruo.
Dyspepsia. [Material Agents.
and Influenced by Moral and
Medical Literature.
Typhoid Fever.

Acute Pneumonia.

Management of Labor.
Pneumonia.

Circulation,
Erysipelas and Syphilis.
Typhoid Fever.
Anæmia,
Erysipelas.
Pneumonia.
Doctor's First visit. (Acute)
Typhoid Fever. (Acute)
Rheumatismus Articulorum
History of Obstetrics.
Pneumonia.

Typhoid Fever.
Absorption.
Typhoid.
Theory and Practice of Medicine.
Typhoid Letting.
Typhoid Treatment.
Typhoid Labor.

Reviews and Notices of Books.

Pennsylvania Hospital Reports. Vol. 2., 1869.

This second volume of Reports from the old Pennsylvania Hospital is not quite so large as the volume issued one year ago, but it has a large number of very valuable articles. There are twenty-three articles based chiefly on observations made at the Hospital, and may be fairly supposed to represent the features of practice in this Institution. Nearly all, if not entirely so, of the Staff have contributed to the volume. Perhaps the majority of the papers are deductions suggested by the history of one or two cases, but others give the results of extended observations and summaries. Quite a number of illustrations add to the value of the papers.

We trust this series of excellent Reports will continue to receive the careful attention and labor of the Staff, and that other large Hospitals of the country as CINCINNATI, Bellevue, Massachusetts General, and others, will follow the example so well presented by the Pennsylvania, at an early date.

The reports are handsomely published by Lindsay & Blakiston of Philadelphia, and on sale by Rob't Clarke, & Co. Price \$5.00.

A Treatise on Physiology and Hygiene, for Schools Families and Colleges. By J. C. Dalton, M. D., Professor in the of Physiology in the College of Physicians and Surgeons, N. Y. With illustrations. New York: Harper and Brothers. 12 mo. pp. 370, with Glossary and Index.

It is one of the best signs of the times that men eminent in science are willing to prepare text books on their specialities for the use of children. If in addition to their knowledge of science, they had sufficient tact to select the matter actually needed by the child, and make it easy of comprehension, nothing further could be desired. Now on biological studies few schools devote more than a term, and consequently it is of the utmost importance that the time be so spent as to produce the best results. It is unwise to trust to the knowledge of teachers to make good

any deficit. Every school physiology should contain a larger quantity of anatomy than this does, because the child's study is likely to be limited to a single text book.

While this book is worthy of high eulogium and deserves extensive sale, we cannot but think that the subject is not presented in due proportion. More than one-third of the book is devoted to the nervous system. The Hygiene is only touched upon incidentally. A chapter on the preservation of health, giving succinct directions as to the care of their bodies, would be of great benefit to the young boys and girls who are expected to use this book. Among minor points we notice that although twenty-six pages are given to the eye no mention is made of the layer of rods and cones in the retina.

The book, however, is a great improvement on the School Physiologies of a few years ago. The subject is presented in a clear, methodical and entertaining manner, and questions are given at the end of each chapter. With Huxley, Draper and Dalton to furnish material we shall expect our common schools to make great advancements in one of the most delightful and necessary studies of their curriculum. For sale by Robert Clarke & Co.

S. A. N.

The Use of the Laryngoscope in Diseases of the Throat, With an Essay on Hoarseness, Loss of Voice, Stridulous Breathing, in relation to Nervo-muscular Affections of the Larynx. By Morrill MacKenzie, M. D., London, etc. Second Edition, with additions, and a chapter on the Examination of the Nasal Passages. By J. Solis Cohen, M. D., etc. Philadelphia, Lindsay & Blakiston, 1869.

Such is the somewhat lengthy title of a very excellent book on the topics embraced in this comparatively new field of observation and practice. Loss of voice, and the various forms and degrees of modified voice are treated with a degree of interest that will meet the wants and expectations of practitioners engaged in laryngoscopy and treatment of the laryngeal affections. The additions made to this edition of Dr. MacKenzie's book on Aphonia, and the Examination of the Nasal Passages by Dr. Cohen materially increase the value of the work. It is well illustrated with suitable wood-cuts and lithographic plates. We heartily commend it to our readers. For sale by Robert Clarke & Co. Price \$4.00

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Pamphlets. Gynæcologic Society of Boston. Constitution and By-Laws.

This indicates that the special cultivators of this department of medicine in Boston are organized for work.

Recent Advances in the Diagnosis and Treatment of Diseases of the Ear. By D. B. St. John Roosa, M. D. Reprinted from the Transactions of the New York State Medical Society for 1868.

Pathological Phenomena Generalized By H. Buckers of Montevallo, Alabama, 1867.

First Annual Report of the New York Orthopæthic Dispensary. This Institution is under the care of Drs. Taylor and Vermilye, and is evidently doing a good work.

Obituary.

DIED in Berlin, Mahoning Co., Ohio, January 2d, 1869, Dr. James W. Hughes, in the sixty-second year of his age.

Dr. Hughes was born near Clarksburg, Montgomery Co., Maryland, and studied medicine under the supervision of Dr. Wilson and Profs. Henderson and Miller; and attended lectures at the Medical Department of Columbia College, Washington, D. C., Dr. Sewell being at that time Prof. of Anatomy.

In the year 1832, he received a diploma from the Medical and Chirurgical Faculty of Maryland, Dr. Thomas E. Bond being President of the Board of Examiners. In the same year he emigrated to Ohio, and located at Berlin Center, where he continued in the practice of medicine for thirty-five years.

In January, 1859, he had a severe attack of paralysis, affecting the right side, which rendered him almost helpless for months; and in 1861 a similar attack, though not so severe. He recovered in a measure from these several attacks, so as to be able to walk,

and ride in a carriage, and ultimately resumed his professional labors, which he continued to prosecute with much zeal and assiduity, until within two years of his decease.

This attack, which terminated his life in a little more than twenty-four hours, came on without premonition, and was so severe as to render him entirely insensible from the onset, and from which he never rallied.

He was much respected by medical men and by the community in which he lived, for his professional ability and his uniform kindness to all classes who sought his aid and advice; and the families of soldiers and those in destitute circumstances, remember with thankful hearts his gratuitous services, generously tendered them whenever needed. His constant care and regard for his family have endeared him to an affectionate wife and grateful children, who now sincerely mourn his loss.

He was a member of the Ohio State Medical Society, and was always ready, by precept and example, to maintain the honor and standing of the profession of his choice, which he loved with an ardor and devotion that inspired confidence in his integrity and ability.

He rarely engaged in public discussion, yet he was a close reasoner and a very convincing speaker. His ability, however, as a writer was the best evidence of his literary attainments, and some of the finest poems that have appeared in the journals of this State, were from his pen. In addition to this, he has written many articles for the various medical periodicals of the country, that evince much practical research and wisdom.

As a Christian he was earnest and hopeful, having been for many years a consistent and exemplary member of the M. E. Church.

G. W. B.

DR. ABRAHAM JENNER, of Crestline, O., was born in the State of New Jersey, on the 15th of March, A. D., 1804, and departed this life at precisely 3 o'clock January 31st, 1869, at the advanced age of 64 years, 10 months and 16 days.

The exact cause of his death, which was very sudden, is unknown—probably asthma, from which he had for long been suffering. His spirits had been unusually depressed ever since the death of his wife, four months since, and this in all probability contributed largely to hasten the fatal crisis.

Dr. Jenner was a thoroughly informed and eminently successful physician, and practiced his profession almost uninterruptedly for the space of thirty-five years in Crawford and Richland counties. Many a household, to which he has formerly been a minister of Life and Health, will read this obituary with sorrow.

He represented Richland County in the Ohio Legislature during the eventful years of 1858 and 1859, and by his strict attention to business, fidelity to duty, honest adherence to principle and suavity of deportment, gained the unanimous respect of his compeers and associates, and reflected credit and honor on his appreciative constituency.

In all the relations of husband and father, he was the same model of goodness, kindness and affectionate devotion.

A sincere Christian, a devoted patriot, a kind neighbor, an excellent citizen and faithful physician, the community in which he lived will long deplore his loss, and, if wise, will emulate his virtues.

A CARD.—The undersigned is Committee on Necrology for American Medical Association for Ohio, and is also on same committee to report to Ohio State Medical Society in June. As yet we have received no material for either of these reports. We will take it as a great favor if medical gentlemen throughout the State will aid us as far as possible.

Address,

DR. E. B. STEVENS.

Business Notices and Acknowledgments.

NEW BOOKS.

SMITH—Diseases of Children. H. C. Lea.

HARTSHORNE—Essentials of Medicine. H. C. Lea.

HARTSHORNE—Conspectus of Medical Sciences. H. C. Lea.

MACKENZIE—The Laryngoscope. Lea & Blakiston.

PENNSYLVANIA HOSPITAL REPORTS—1869. Lea & Blakiston.

HISTORY—Medical Department of the University of Pennsylvania. Lea & Blakiston.

THOMPSON—Urinary Organs. H. C. Lea.

TROLSCH—On the Ear. Wm. Wood & Co.

HILL—Syphilis. H. C. Lea.

MIAMI MEDICAL COLLEGE.—Summer course of lectures. The arrangements are maturely organized for this course of instruction, and students can scarcely fail to be greatly benefitted by attendance. The Lectures will be arranged so as not to interfere with Hospital attendance, and will be given as follows: *Anatomy*, Dr. Judkins; *Physiology*, Dr. Perrine; *Diseases of Women*, Dr. Palmer; *Physical Diagnosis and Diseases of Chest*, Dr. Cilley; *Chemistry and Pharmacy*, Dr. Divan; *Obstetrics*, Dr. Miller; *Materia Medica*, Dr. Stevens; *Eye and Ear*, Dr. Williams; *Pathology*, Dr. McKenzie; *Surgery*, Dr. Kearney; *Diseases of Skin*, Dr. Neilson. The course will begin on the 10th of March. Fee \$20.

TO OUR EXCHANGES.—The publishers of our "*Young Folks*," Messrs. Fields, Osgood & Co. of Boston, announce their willingness to send four numbers of their Magazine, from January to April of this year, as specimens, to any person who will send them their address.

We trust this very liberal offer will bring this really valuable Magazine to the notice of all our readers and be the means of introducing it into all the families where it is now unknown.

CORRESPONDENTS will please exercise patience. We thank our friends for valuable contributions which are being used as fast as we can make room; but in any event, much has still been laid over that we desire to publish now.

WANTED.—*Western Lancet*, 1845, No. 5, Vol. IV, September; 1849, No. 11, Vol. X, November.

WANTED.—*Western Medical Gazette*, 1833, No. 11. Any one having these odd numbers to spare please address us.

THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D. EDITOR.

VOL. XII.

APRIL, 1869.

No. 4.

Original Communications.

ART. I.—*A Synopsis of Four Hundred and Fifty-Seven Cases of Spurious Vaccination, with Remarks.—Continued.*

By B. ROEMER, M. D., Kanawha Salines, W. Va.

Remarks.—Dr. T. E. Rutledge, M. R. C. S., in an article on Vaccination (*London Lancet*, Feb., '61, page 193.) says: "Strumous sores sometimes appear on the children of strumous parents soon after vaccination, and a question may arise—Does the presence of the vaccine poison in the system, in any way accelerate this outward manifestation of tuberculosis?" and decides afterward the question negatively, and denies the inoculability of struma. Dr. R's denial that the febrile condition of vaccinia is capable, by any species of catalysis, to produce necræmia and tubercloid symptoms, stands corrected in the history of a fatal case of spurious vaccination, induced by a blow upon the scab, (*London Lancet*, Nov., '60, page 421,) the unusual phenomena in which decided the critic to pronounce it the result of some inherent vice in the constitution of the patient.

M. Villomin in his researches on the inoculability of tubercle, establishes the fact that tubercular matter can be transmitted. (*Medical Times and Gazette*, Nov. 27, 1866; see also *Medical News and Library*, Jan., '67, page 9, and *London Lancet*, '67, July 27). Accord-

ing to his recent communication to the Academy of Medicine, tuberculosis belongs to the virulent diseases, and should nosologically be placed by the side of syphilis; and Dr. Budd arrived, from different and perfectly independent points of view, at a zymotic theory of tuberculosis. M. Herard, in order to verify the experimental facts announced by M. Villemin, instituted inoculations from man upon the animal, and declared the tubercle inoculable—(See *Half yearly Abstract Med. Sc.*, Vol. XLVI, page 9).

The microscopic specimens of tubercular disease produced by subcutaneous irritation, as exhibited to the Pathological Society in London by Dr. Sanderson,* seem to be conclusive as to the inoculability of tubercle, and even exceed the position of M. Villemin, in adducing facts for the catalytic production of stroma, without the presence of tubercular matter. Microscopy is beginning to demonstrate the different form and character of a cell, and its parenchymatous fluid from their behavior to an absorptive capacity of the various inoculable poisons. The vis a tergo which impels a poison through an invisible circulation and absorption into a surrounding healthy tissue, until it becomes homogenized, can not be peculiar to the poison per se, but must find its interpretation in the ratio between the character of the poison and the assimilable or resistive force of the organism; and the greater the molecular changes in form and assimilation from a given standard, the greater and more powerful is not only the cause, but also the effect upon the system. Dr. Sanderson's experiments seem to point out that the relative poison and its morbid results are proportionate to a certain degree of irritation, and reproducible by themselves. Van der Kolk has foreshadowed this view in his paper on the Formation and Extension of Cancer-cells, etc., in *Lederlansch Lancet*, September, 1853.

Syphilitic Diathesis.—Number of cases treated one hundred and forty-two, in which the symptoms were developed,

4 weeks after Vaccination, in.....	17 cases.
5 " " " " "	19 "
6 " " " " "	23 "
7 " " " " "	13 "
8 " " " " "	22 "
10 " " " " "	20 "
12 " " " " "	18 "
More than 12 " " " "	10 "

* American Journal of Medical Science, July, '68, page 265.

The vaccine pustule, in the twelve cases vaccinated by myself, progressed regularly up to the sixth or seventh day; its edges then turned up, became irregular in circumference, and instead of forming the scab degenerated into an ulcer. The skin surrounding the sore became vividly red, gradually changing to an irregular dark areola. The cavity of the ulcer was deep, and by the third or fourth week other ulcerations appeared around it. The slightest abrasion of skin inflamed and suppurated. The scab of these ulcers was black, and the patch beneath of a copper color; the patient complained, at the same time, of loss of appetite, restlessness and rheumatic pains.

Syphilitic Sore Throat.—Number of cases fourteen. Thickening of the laryngeal cartilages and consequent aphonia was noticed in only one case (No. 3).

In the treatment of these cases I exhibited the following mixture:

R.—Ext. Sarsapar., fʒij,
Ext. Glyzyrrh, ʒij,
Ext. Hyosciam, ʒss,
Potass. Iod., ʒij,
Aquæ Fluv., fʒij.

M. S.—Cochl. magn. ter quarterque indies,
and locally, Sulphate of Copper, Iron, etc.,
especially Liq. Calc. Chlor., fʒiv, Mel., ʒss, Aq.
Fontan., fʒij.

M. S.—A tablespoonful with warm water and brandy, of each a half a tablespoonful, and use as gargle.

In aphonia I used, with benefit, the local application of Glycerine, fʒi, and Iodine Resublim., grs. ij, (to be solved) brought in contact with the throat by means of a brush or feather.

Vesicular Syphilis. *—Number of cases thirty-four, of which the majority had been re-vaccinated more than eight weeks before the specific eruption made its appearance. It resembles rupia with a dark areola, and produced a greenish-black scab after desiccation, beneath which lay a deep excavation, and upon which a similar scab reformed. This eruption was scattered over most parts of the body, frequently complicated with sore throat.

Treatment.—Besides the usual remedies I found the local appli-

* *Diagnosi difficile et aegrorum testimoniis parum credens penem partesque adjacentes femorales artificii inspicere solebam, qua de causa exempla citata fidei committenda esse puto.*

cation of hydrocyanic acid of much service in allaying pain. In one obstinate case I obtained good results from the exhibition of the following formula :

R.—Hydrarg. Deutoiod., grs. v,
 Potass. Iod., ʒiij,
 Syrup. Simpl., fʒvj,
 Aqu. Font., fʒiij.
 M. S.—Drachm 2, ad 4 bis indies.

Papular Syphilis.—Number of cases fifty-four, mostly revaccinated for over six weeks. The broad, irregular, cavernosed and dark ulcers appeared generally upon the face and trunk. The beginning of this affection consisted in an eruption of small pimples, resembling lichen, over a patch of deep red skin, becoming confluent they soon assumed the character of a tubercle. Instead of a crust, they were covered with scales, repeatedly peeling off, and only after full confluency and repeated detachments they were surmounted by a thick, black and fissured crust, which again renewed itself.

The treatment of these ulcerations was very unsatisfactory. The unguent of hydr. protoiod, above mentioned, gave the best encouragement, combined with the internal use of ferri iodid., potass iod., etc., in bitter infusions. Change of air was resorted to in the management of these affections, and I am informed that patients transferred from here (Richmond, Va.) to the watering places in the Alleghany Mountains, especially those transferred to the Montgomery White Sulphur Springs, were much improved.

Pustular Syphilis.—Number of cases thirty-three. This eruption was characterized by large and prominent pustules, resting upon a copper colored areola of unequal dimension. Some of these pustules were found depressed, containing a purulent fluid, and were followed, on desiccation, by a black crust, which, on falling off, left a round, deep and unhealthy ulcer.

Bubo.—Number of cases two, one of which had recovered from gonorrhea when vaccinated; the other was free from syphilitic taint, but may have had a Bubon d'emblee (?).

Syphilitic Affection of Bone.—Number of cases five; one of necrosis of the nasal bone, two of tibia (with nodes in one case), and two of the middle portion of the sternum.

These cases left my charge without material change in their condition. The disadvantages of the then prevailing furlough

system, insisted upon by a legislative body, under which the statesman, and not the surgeon, became the judge of the proper time for indulgences of that kind, prove that a politician may collect an army, but the general and surgeon should keep it together.

Note.—The great difficulty in procuring crystalized or fused nitrate of silver, led me to a trial of iodine in its scaly form. The results were invariably satisfactory, especially in indurated chancres. I selected a scale to fit the chancre on all sides, retaining it with adhesive plaster or a coat of collodion, and allowed to remain for six or eight hours. The after treatment was the same as if the lunar caustic had been used.

Remarks.—Although much has been done to clear up unsettled questions respecting syphilis and its transmissibility by inoculation and hereditament—that, for instance, a soft as well as a hard chancre and certain secondary affections are infectious, yet many eminent writers divide themselves into two classes, pro and contra; and until Prof. Fage, of Christiania, was answered by Prof. Hebra (*Wiener Medical Wochenschrift*, No. 11, 1860), that syphilis may exist in the body in a latent state, and yet be unmistakably transplanted upon another system (see his cases, No. 3 and 9), many instances were undoubtedly mistaken for an inoculation.

T. E. Rutledge (*London Lancet*, Febr., '61, page 193) concedes, that syphilis is perhaps the most likely to be transmitted; but adds, that “the intense contagiousness of congenital, as well as of primary syphilis, might easily induce the unthinking to give ready credence to so specious a statement;” and quotes afterward Ricord's opinion (on Diday's statement) to refute such apprehensions, “firstly, that the child vaccinated did not really have a genuine syphilitic affection; or secondly, that the child from which the lymph was taken presented, instead of a true vaccine, a chancreous pustule.”

Messrs. Heyfelder and Pauli, two eminent medical men, of Rhenish Bavaria, were supported by Ricord and Cullerier (in a case at Bamberg, where a physician had been condemned to two years imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption,) in utterly denying the possibility of communicating the syphilitic poison through vaccine lymph; and Cullerier made then the criminating statement, that he had not only vaccinated syphilitic children, without ever seeing the vaccine in any way modified by the syphilitic diathesis, ut “that he had vaccinated healthy children from syphilitic

infants, etc." To these views, as expressed by Cullerier, the Société de Chirurgie assented through their reporter, M. Brocas.* These opinions of M. M. Ricord and Cullerier have, however undergone a radical change; for when the Academy of Medicine at Paris sent Messrs. Henry Roger and Depaul to Morbihan as Commissioners, to investigate the syphilitic vaccination of more than thirty children from lymph preserved between two plates of glass, and obtained from the authorities (1866), which report ended, 1st. that several of the children, whom they had examined, were undoubtedly suffering from secondary syphilis, and 2d., that they saw no way of explaining this contamination, but by vaccination, M. Ricord begged the Commissioners to insert, that also primary symptoms were observed among the children.

Cullerier's Atlas of Venereal Diseases, translated by the able Bumstead, admits the transmissibility of syphilis through vaccination, as positively established; but it is difficult to reconcile such a conclusion with the views taught at the same time, that the secretions of a syphilitic patient are non-contagious, and that hereditary syphilis of a child must originate in the mother directly, or by infection. All poisons are ipso facto, antagonistic to certain functional actions of the anima' system, and their elimination becomes at once the chief endeavor of the organism, usual through the very organs upon which they are said to act. The ratio of this elimination depends, to a certain degree, upon the chemical and organic action of the compound upon the system, while the compound itself may undergo such changes before elimination, as are the result of its assimilable capacity with those normal organic tissues with which it has been brought in contact.† I will have occasion, hereafter, to refer to this subject again.

M. Viennois (on the Transmission of Syphilis by Vaccination) arrives at these conclusions:

1st. Syphilis has, almost from the origination of vaccination, been observed to follow the operation.

2d. On vaccinating a patient with latent syphilis, this disease may become active.

3d. Vaccinia and syphilis may be established at the same time,

*Vide *Bullet. Gen. de Therapie*, July, 1855.

† Vide Tiedeman in *Woehler's Research*, *Zeitschrift fur Physiologie* S. 2 and B. 1.; also Van Setten, *dissert. de Saliva ejusque vi et utilitate*, *Muller's Arch.* 1838, p. CLXIV.

when the lancet has been charged with blood and lymph from a syphilitic person.

4th. A primitive chancre is thus produced, followed

5th. By secondary symptoms, as after congenital chancre.

6th. In no case should suspected virus be used in vaccination, nor that of a child whose parents are unknown, etc.

M. Guérin's cases, in which no transmission of syphilis was observed after vaccination with syphilitic virus, are liable to all the exceptions which can possibly be urged against syphilization through lymph, with this additional objection, that they may fall under Hebra's second observation, above referred to.

To illustrate the *modus operandi* of syphilitic inoculation, I mention the case spoken of by Mr. Weeden Cooke, in a paper read before the Harveian Society (*London Lancet*, Oct., 1860, page 306), where a lad seven years old had unmistakably psoriasis syphilitica, communicated to him by his mother, who suffered from the same disease, and who had been affected one year before with syphilis. "The boy had slept with her, and she was of course, in the habit of kissing him." A month after the reappearance of the disease in the mother, the son became affected.

Such cases of a transmission of syphilis *by accident*, are undoubtedly very rare, since the discharge from a secondary ulcer is, by chance, only applied to a raw surface capable of absorbing it; but their occurrence is rendered possible with the greatest facility, by *involuntary design*, as in vaccination, where the puncture and the impure lymph fulfill all indications; nor do I consider the admixture of blood to the virus a *conditio sine qua non*.

Cancerous Diathesis.—Alex. M. V——, admitted into hospital December 26th, 1862, was revaccinated September 11th, '62; age twenty-seven years; by occupation a farmer; enjoyed usual health during the campaigns of '61 and '62; his family is numerous; usual weight 185 pounds, and considers his parents of good constitutions. After revaccination the pustule healed with difficulty. In November he discovered a slight discoloration on his chest, gradually enlarging with deeper color. His articulation became heavy, and mastication difficult. At about this time a slight enlargement appeared on the superior aspect of the tongue, to which were added shortly afterward, two round, conglomerate and shining globules with smooth coverings, especially along the lateral parts of the tongue. Their color was blueish-black, and they manifested no disposition to ulceration. The central inferior

enlargement, when admitted, had the size of an acorn, and the now numerous lateral knots were as large as a wild grape. He complained of considerable pain in speaking, masticating or moving the viscus, and assured me that he would deny himself, for days, all necessary food on account of it. The diagnosis resulted in melanosis.

In the *treatment* of this case I adopted the palliative plan, exhibiting Donovan's and Fowler's solutions, Iodide of Potash and Hyosciamus. Locally I applied with some benefit,

R.—Glycerine, fʒij,
Creasot., mxx. M.

And injected the laminae with Tinct. Iodin., on January 3, '61, without results.

Obtaining a furlough soon afterward, I have had no means of knowing his subsequent condition.

Remarks.—A latent constitutional disease may, in its antagonism to a superadded affection, become transformed into a third, the character and virulence of which may be distinct from that of its factors, so that the systematic operation toward eliminating a certain constituent, may so far interfere with the course of a primary disease, as to change its character to a more decided activity, and to a more severe and protracted form.

The investigations of Schroeder, Van der Kolk (*loco supra cit.*) and the direct and successful experiments of Klencke, have demonstrated the inoculability of cancer; and the former's sixth conclusion (referring to the absorption and general distribution of infected parenchymatous fluids through the lymphatics and veins) deserves especial notice in deciding how far spurious virus may have been intermixed with minute cancer cells. If healthy sarcolemma and nerve tubes are capable of taking up a cancerous fluid, and become themselves assimilated in the same system, what would be the behavior of similar organic tissues, equally healthy, if brought in contact with *extraneous* cancerous matter, or if predisposed by a latent morbidity, acted upon by a foreign stimulus?

Two apparently distinct diseases, cancer and phthisis, have, of late, been considered interchangeable, from the fact, that the offspring of a tuberculous parent may become cancerous and vice versa. Mr. W. Cooke (*Half-yearly Abstract, Med. Sc., Vol. XLVI, page 145*) refers, in regard to this subject, to the pathology of cancer and phthisis, and gives from the writings of Virchow,

Wedl, Velpeau and Paget, evidence and opinions in support of the intimate alliance of cancer with tuberculosis.

The retrogressive metamorphosis of a normal cell, and molecule to an amorphe condition, bears a striking analogy to the chemical nature of a crystal in its atomic proportions. A certain number of planes and corners with a uniform degree of inclination, become modified upon the introduction of a new compound of different proportions, so that the existence of the primary form is either impossible or conditional. Like results are obtained, if the process of crystalization is disturbed by adventitious causes. Again, in organic chemistry, we find the theoretic addition of a uniform number of atoms to change the physical character of the compound, so that in a series of organic combinations, resulting from such a process, we find them to possess different properties, and to be the products of altogether dissimilar agents.*

In viewing the growth of malignant tumors, we should not forget that all organic tissues are subject to certain laws, because one is perceptible to the eye, and another microscopic; the only real difference between them resolves itself into the difficulties attending their proper investigation.

The microscopic forms discernible in cancer possess especially this quality, that they are irregular in form, angular and disposed to form unnatural combinations. Thus, we find nucleated cells with many nuclei, conglomerations of cells, free nuclei, from which the cell contents seem to have been appropriated to other and abnormal purposes, etc.

The nutritive power of a nucleus must be proportionate to the diameter of the cell to which it is the centre, and its own evolutions must reflect themselves upon the form and character of the cell.

*Oleic Acid, $C_{36} H_{72} O_2 + HO$, manipulated with Nitric Acid gives by deduction: Formic Acid, $HO + C_2 O_3 + HO$; Acetic Acid, $HO + C_2 O_3 + C_2 O_3$; Metareth Acid, $HO + C_4 H_5 + C_2 O_3$; Butyric Acid, $HO + C_6 H_7 + C_2 O_3$; and by the continued addition of two atoms to C and H Valerianic, Capric, Oenanthic, Caprylic, Pelargonic and Caprinic acid, which has $HO + C_{18} H_{36} + C_2 O_3$. A similar result brings us from Ambreic Acid, $C_2 H_2 + C_2 O_3$, to Adipic $C_4 H_4 + Oxalic$ Acid, Pimelic $C_5 H_5$, Suberic $C_6 H_6$, and Lipic Acid $C_8 H_8$ (always plus Oxalic Acid), and their physical differences will be recognized in comparing Suberic Acid, obtained from *Quercus liber*, with Ambraic Acid, a constituent of Ambergris.

Any increase in its size without adequate addition to its nutritive constituents for cell purposes, must result in an abnormal expansion and irregularity of its circumference, to which the cell itself is concentric, and the direction of this expansion is, consequently, equally distributed over the area, if the structure of the nucleus is left intact; or should the same have been changed, the expansion takes place in the direction of its intact radii. In cells, where multiple nuclei are found, such a change of form will take place the more readily, if these radii coincide or converge in the same vertical plane, provided that a compensating pressure from the adjoining elementary formations do not counteract such a tendency.

In addition to this evolution, should the nucleus become much larger, as in cancer, from the increased pabulum of an excited circulation, and, at the same time, should the area of the cell fail to receive a corresponding capacity to resist, or otherwise to dispose of this abnormal afflux, it will be evident why their walls should give way, leaving free nuclei floating in the fluid, or why the cells themselves should show a disposition to conglomerate with others. These evolutions being the direct result of an over-stimulus, it is natural to expect little or no difference in the formative process of all tumors; and the meaning of a transition form, as deducted from these views, embraces not only a persistence in these abnormal proceedings, but an additional, fixed impress of that abnormality, with the faculty to transplant a like tendency upon the surrounding textures, so that finally the morbid growth slowly and insidiously, or acute and under rapid symptoms, assumes its malignant character.

The relation existing between the centrifugal action of the periphery of a cell (endosmosis,) and the central (perhaps exosmotic) nucleus gives the conditions of a healthy and normal formation of tissue, so that any degree of abortive organization may result from an insufficient or exalted nucleolar activity with an altered attraction of the periphery and an abnormal appetite of the surrounding blastema. The degree of deviation should vary with the form and functional capacity of the cell, and constitute the type of the various transition forms. Hence it follows that in all ulcerations their greatest intensity and most unmistakable diagnosis are found in the centre, and that their characteristics are lessened as their diameter is increased, until healthy tissue blends itself with the disease. Common suppuration is a retarded for-

mation of connective tissue under certain conditions of the capillary vessels, favoring the fatty degeneration of the blastema or exudation corpuscles into pus. From this elementary product we can trace the transition to healthy tissue by means of granulations, or to amorphe, imperfect and abortive organization *with* or *without* assimilable and reproductive properties in accordance with morbid or idiopathic tendencies, that is either benign or malignant in character. This transition is frequently recognised as coexisting, malignant formations being found associated with common morbid productions, as if one part of the blastema, or parenchymatous fluid, had become, for example, cancerous, and the other pus. The superinduced interchange of fluids between

cancer cell and the surrounding intercellular tissue impresses its characteristics upon the newly formed nuclei and passes microscopically into the adjoining textures, retaining its faculty to form similar cells until the altered parenchymatous fluid pervades the whole body, and is evidenced by secondary cancers in remote parts. The ability to assimilate to itself healthy tissue being the cause and not the result of morbid action, it is a very doubtful position to hold to a cancerous diathesis as fundamental. The occurrence of cancer without its cells, and the presence of cancer cells without cancer (clinically speaking), the recurrence of fibro plastic tumors, and the radical excision of cancers without renewal, points to the fact, that, hypothetically considered, we find a local and diathetic existence of cancer, the first clinically mistakable with other tumors, exhibiting none of its characteristic cells, and capable of cure, and the second with a clinic and microscopic diagnosis *sui generis*, and incurable with the knife or otherwise. Between these, however, no chronologic reference can be recognized, the smallest malignant subcutaneous tumor, may have a pathologic development *sui generis* much more perfect than the most extended cancer of the female breast, no matter what time may have elapsed in verifying the first or in testing the last.

Scorbutic Diathesis.—Number of cases, ninety-four. Of these were admitted to Hospital

July	14 cases	January.....	7 cases.
August.....	5 "	February.....	73 "
September.....	7 "	March	2 "
October	19 "	April.....	10 "
November.....	3 "	May.	5 "
December	6 "	June	3 "

The general character of this cachexia was fully developed, at times showing an obstinacy seldom found in any other disease. The twenty-five cases vaccinated by myself presented early an imperfectly defined pustule; in three instances I noticed the pustular enlargement on the fourth day. The subsequent sores spread gradually until the arm became a mass of ulceration, liable to hemorrhage and resisting treatment. Spots of different colors, from yellow and green to blue and purple appeared over the body; gums, spongy and bleeding; tetter; debility and ulcerations on various parts of the body, especially around joints. Extensive hemorrhage at times overtook the patient, after being already brought low by general debility and anaemia, and in four of the six fatal cases, fever supervened, with an astonishingly high and frequent pulse of much force. After death decomposition began quickly, indicating the putrid condition of the system, and I have only once seen a similar condition during an outbreak of the plague at Comorn in Hungary, (August, 1849,) of which I saw and examined three cases.

Treatment.—Frequent interchange of food, proper regimen and “transfers” from the city to the country and from the plains into the mountains, with little active treatment, constitute the sheet anchor in the successful management of this disease. All preparations of mercury in their exhibition of constitutional purposes should be rigidly interdicted.

To regulate the bowels I have prescribed

R.—Magnes. Sulph. $\bar{3}$ ss.

Ac. Sulph. arom. m. xxv.

Aq. font. $f\bar{3}$ vi.

M. S. Bis indies pro re nata.

I have used the iodide of iron, mineral acids, quinine, vegetable bitters, citric acid, and all fruits containing it. I would speak especially of the tomato, taken from the vine without condiment, elderberry juice, pickled cabbage, etc. As soon as the season had sufficiently advanced, I endeavored to keep the tomato as a standing dish upon the diet list of these patients, and every available spot around the hospital was ordered to be planted with that vegetable. Internally and locally I have used with good results the Chlorate of Potash, and

Spurious Vaccination.

4

R.—Creasot. m. xx,
Acid. acet. m. xvi,
Sp. Juniper. c.,
Syrup. aa. fʒj,
Aq. font. fʒx.
M. S. Coch. magn. ter indies.

As a dressing for the ulcerations I found the ungt. of the protiodide of mercury serviceable.

Remarks.—Diet is not the only cause of scurvy. A uniform routine of any article of food furnishes similar results, as salt diet. The army of St. Louis before Damietta lost 8.5 in every hundred soldiers, because of an unequalled uniformity of food, and the anti-scorbutic potato does not shield Ireland, though salted meat is scarcely known there; nor are those penitentiaries, according to Dr. Curran, free from it, whose inmates live on bread, tea, and coffee. Surgeon E. W. Johns, U. S. A., in his report from Fort Laramie, Nebraska, gives as causes for the promotion of scurvy: drunkenness, filth, despondency, ennui, and guard duty at night; and the late war has fully sustained this statement. Dr. A. Russak, of St. Petersburg, has lately submitted to the Imperial University of Vienna certain experiments made in order to investigate the effect of common salt in producing scurvy, which seem to prove the ecchymotic influence of that chemical upon the capillary circulation. (*Vide Medical Times and Gazette*, Nov. 1867.)

Complications.—I give the history of the following cases in connection with spurious vaccination, because they seem to point to the establishment of an affection, the causes for which were pre-existing, so that the impure lymph, perhaps, only conditioned the disease.

John R. McDuval, admitted into Hospital April 16, 1863, vaccinated Dec. 1862; suffered with strumous ophthalmia up to his fifteenth year. About seven weeks after vaccination (Jan. 1863,) was ordered to be treated for retinitis; complained then of severe pain in his right eye, (the left having been weak with impaired vision for many years, on account of which he had been excused from outpost and picket duty.) When admitted the pupil was of a solid green color, otherwise healthy, nor gave the ophthalmoscope further evidences of a structural change.

This patient remained some time under my charge, gradually

losing the power of sight. The only alteration noticed by me was a slight turgescence of the retinal vessels. The *treatment* consisted in iron, protiodide of mercury, iodized cod liver oil, etc., and blisters behind the ear kept open with tartar emetic. Cold water was freely used as a local application.

H. Vandeuison, admitted into hospital, on March 28, 1864; vaccinated November, 15, 1863, and was registered "Epilepsia, consequent to vuln. sclop." Was wounded July 3, 1863, the ball traversing and ploughing up the portion of the right parietal bone, lying in the angle formed by the coronal and sagittal sutures, antero-superior aspect; cicatrix regularly formed; returned to his command for duty. In December 1863, had periodic epileptic fits. (five weeks after vaccination,) for which he was returned to Hospital for treatment. The cicatrix was four and one half inches long, pointing obliquely backwards, under an angle of sixty degrees with the coronal suture, deeper and wider in the centre, and presenting a depression of three-eighths of an inch. The fits becoming more violent, I trepanned the upper portion of the depression, allowing the circumference of the instrument to cover a portion of the fracture. His recovery was perfect and no symptoms of epilepsy manifested themselves afterwards.

E. Herring, was wounded at the battle of Sharpsburg September 17, 1862, and entered hospital May 18, 1864; was vaccinated January 3, 1863, and had epileptic fits since April, 1863. The wound was caused by a minnie-ball striking him in the middle of right parietal bone, and carrying away a considerable portion of both tables. Upon examination of the cicatrix a very marked depression was found, with an elastic yielding touch beneath. I removed with the trepan and Hey's saw a little more than two square inches of the depressed skull without any further untoward symptoms than some hemorrhage from the middle meningeal artery, which was, however, promptly controlled by the application of a heated needle. He recovered in a few weeks without further attacks of epilepsy.

The disease itself in these two cases is a natural consequence to gunshot wounds with depression of the skull. Epilepsia, however, followed one month after vaccination, and six months after the injury in the first, and two months after vaccination and seven months after the injury in the second case.

Epileptic fits were regarded by Sydenham as symptoms of

small-pox, and Dr. Jackson mentions them in children when small-pox symptoms first appear, corresponding with the eighth day of vaccination.

General Remarks. Abnormal Length in the Production of Pustule.
—In two cases I found the pustule regularly developed on the fifth day; it seemed then arrested in its growth, and matured on the seventeenth and twenty-third days respectively. In one case the pustule ripened in fifteen days, the scab falling off one month after vaccination.

Dr. Charles Hogg (*London Lancet*, February, 1861, page 193,) reports a case in which the poek was not fully developed until the tenth day, and Webster Adams, (*ibidem*) one in which it matured on the twenty-ninth day after the insertion of the vaccine virus.

Dr. Hodges stated before the Obstetric Society of London, (*London Lancet*, January, 1861, page 54,) that he vaccinated in May, 1854, a boy, whose arm did not rise within the usual period. In May following, however, a vesicle spontaneously formed, with an areola on the eighth day, gradually declining on the twelfth, a permanent and pitted cicatrix remained, giving evidence of the genuine vaccine disease.

In the *Medical News and Library* of October, 1857, page 164, mention is made of a case reported by M. Blache before the Medical Society of Hospitals at Paris, in which M. Despaul Adder vaccinated a young lady in October, 1855, without result until one year afterwards, when the pustules went through their regular stages. M. Blache is informed of cases in which the vaccine pustule matured after six weeks' incubation.

Prophylaxis of Variola and Vaccinia.—Thirty-one cases had variola after vaccination, twenty-three after inoculation, and four after variola. (I cannot give the exact number of cases treated or seen, but suppose four thousand to be the nearest approach.) The longest term intervening between the first and second disease was twenty-three years, and the shortest nine months, giving an average of eight and three-quarter years.

Dr. W. J. Epps of Buckingham County, Va., informed me during 1863, that he was shown by an eminent physician of Washington City a case, which had then all the symptoms of a genuine vaccination, after having been successfully and repeatedly vaccinated and inoculated, and after having a regular attack of variola itself. The patient observed to Dr. E., that even then

he considered himself extremely liable to the contagion of small-pox. Etmullerus* cites Borellus (cent. III., obs. 10) for an instance of a woman having the small-pox seven times, and who died of that very disease in her one hundred and eighteenth year.

Isbrand de Diemerbroch† observes that in the year 1640 "varios hoc tempore vidimus, qui cum variolas copiosissimas habuissent, vix ab iis saniti in idem malum reciderunt, atque illis ista secunda vice saepe multo majore copia eruperunt, quam prima: imo aliqui visi sunt, qui inter spatium sex mensium *ter* copiosissimis variolis laborarunt, etc."

Stalpartius brings a case where an infant had the small-pox twice in three weeks, and another of a girl who had the disease twice in a very short interval. It is, however, quite probable that these writers were mistaken in the diseases described by them, or that two affections succeeded each other, as is sometimes the case with measles and small-pox.

There are, on the other hand, persons who seem to enjoy a perfect immunity to small-pox, and whose systems, once protected by vaccination, resist its influences considerably beyond the average term of ten or fifteen years. The writer of this paper was vaccinated when an infant, thirty-nine years ago, has been exposed to variola more or less since, attended exclusively a small-pox hospital in 1855, etc., and has never omitted to give re-vaccination a repeated trial, yet at no time has a pustule been developed, nor has the least irritation ensued consequent to the insertion of lymph.

Conclusion.—Although an English Regimental Surgeon claims to have vaccinated, with impunity and success, soldiers with virus taken from the arms of their comrades, (which was, however, promptly condemned by the editor of the *London Lancet*,) yet the results of Jennerian vaccination in the late war, point with much certainty to the deplorable effects of unguarded and improper vaccination. An army, such as we have witnessed for more than four years, composed almost exclusively of citizen-soldiers, with their privileges and certain degrees of laxity in discipline, shows a greater ratio of susceptibility to diseases incident to camp life, than is found among regularly enlisted sol-

* Opera 1677, tom. II., fol. 403.

† De Variolis et Morbillis, inter Opera omnia, p. 290.

diers, who by habit, discipline and years seem to have gained not only a greater perfection in that profession, but also a better resistive power to disease, especially if viewed from moral and mental causes.

It is the duty of the medical profession, whether in the surgical staff of an army, or in private practice, to possess itself of all the causes tending to reduce the vital standard of a nation, and to advise proper remedies for the removal of such a condition. To elucidate one of those causes, and in my opinion the chief cause, I have undertaken to describe some of the fatal results which followed an impure vaccination in the Southern or Confederate army, and I have arrived, in the study of this subject, at the following conclusions :

1. Vaccination, as now performed, is uncertain in protective power, and liable to engender secondary affections of serious character.

2. Vaccine lymph may effect a normal pustule even if obtained from diseased persons, yet its matter may propagate the disease of the system from which the lymph was taken, and, *vice versa*, a pustule may show evidences of inoculation with a specific disease, and yet the subject from which the lymph was derived may not labor under that disease except in a latent form.

3. Re-vaccination *per se* renders the system more susceptible of sequelæ in a direct ratio with circumstances of exposure or epochs of life, hence the lymph for re-vaccination should especially be pure.

4. In times of peculiar emergencies, as war, extended epidemics, etc., when not only a large, but *well kept up* supply of lymph is demanded, native lymph should be discarded, and by an exchange of vaccine lymph with other nations upon the basis of other international laws, fresh virus should be introduced. In the selection of countries for such an exchange, due reference should be had to the area and population, and to such nations living over large, healthy, and agricultural tracts of land. in which super-civilization has, as yet, spared the home and fireside of the people.

5. The vaccination of soldiers in the field, and of citizens in the midst of variola, not only lessens its prophylaxis, but renders them liable to secondary affections. Vaccination in advanced years is subject to the same objections, hence

6. Vaccination should only be practised upon the recruit,

while in the Camp of Instruction, and upon the citizen at stated intervals to be fixed by the Legislative power of the country.

7. Whenever animal vaccination has become so far established as to place it before the profession as worthy of acceptance, and whenever the nation's welfare in health need not become itself an experiment for the establishment of retro-vaccination, then the old system should at once be discarded.*

ART. II.—*Ergot of Rye.*

By C. B. HALL, M. D., Miller's, O.

The seeming uncertainty of the Ergot in its action on the uterus, has caused it to be underrated by many practitioners of medicine. I think this uncertainty is not so much the fault of the medicine, as of the manner in which it is kept and administered. Many keep the article in its natural state as gathered, or in coarse powder. When needed for use an infusion is made and given, in greater or less quantities to the patient. If recent and good it acts with great promptitude and energy, but if an overdose be given, it is capable of doing great mischief. If given injudiciously in labor, before the os uteri is sufficiently dilated to admit of the passage of the head, it may produce rupture. Or by producing great and continuous expulsive pain, it may so compress the head, that the child will be born asphyxiated, or perhaps, quite dead. Then the physician at once denounces the remedy as being extremely unsafe, and never to be used except on great emergencies.

If, on the other hand, the ergot has been long kept, (perhaps in a damp place,) the infusion may be prepared and given in heroic doses, but after long and anxious waiting, the uterus fails to respond. Anxious friends are in suspense, the uterus remains inert, (perhaps the vital fluid is flowing away,) the moments are precious, the life of the laboring woman is in great danger, and the sheet anchor of hope is as a broken reed. The physician is in such a state of mental anxiety as none can realize save

* Dr. Depaul is the head of the Animal Vaccination Office at Paris, and M. Warlomont for the Belgian Government. I recommended, as early as spring, 1863, the establishment of an animal vaccine Institution, but the Surgeon General, C. S. A., seemed to feel little interest in the matter.

those who have *been there*. He denounces the remedy as worthless, and looks about for a substitute.

Now, I think that this uncertainty and irregularity of action can, in a great measure, be easily avoided by taking a little pains. My method is as follows: I purchase from some reliable druggist one-half pound of *fresh* Ergot. This I bruise in a mortar, then place in a suitable vessel, and pour over it 21f ounces of lukewarm water. I let it stand in a warm place twelve hours, I then add 11 founces of 98° alcohol, digest twelve days, and then filter. This I call *liquor ergotæ*, and I have not been without some of it for twelve years. It is the only preparation of ergot that I use, and it never disappoints me. I have kept it till it was two or three years old, and it would then produce its physiological effect, just as promptly, as when recently prepared. The dose is a teaspoonful, to be repeated every fifteen minutes, half-hour, hour, or two hours, according to the emergency. One dose seldom fails to display the effects of the drug, in a greater or less degree, in a short time; and, if given in small repeated doses, and the effect carefully watched, I cannot see that a judicious practitioner need have any fear in using it. Like all potent drugs, it is an unsafe thing in the hands of an ignorant man.

It is not necessary that I should dwell upon the great value of this preparation. It has a wide range of application. One teaspoonful, given immediately after the birth of the child, has always seemed to me to have a most happy influence in aiding the expulsion of the placenta, and preventing post partem hemorrhage. It is of value in the following circumstances, to-wit: In cases of adhesion of the placenta, when a portion is left behind. Its steady use for days has the effect, sooner or later, to cause the retained portion to be expelled, and by maintaining a constant firm contraction of the uterine walls, prevent the absorption into the blood of poisonous matters. Also in cases of post partem hemorrhage, with inertia; when the vital fluid is being poured into the cavity of the womb with greater or less rapidity, and accumulating in the form of a large clot; the pulse growing weak and rapid the respiration sighing; in short, death stealthily approaching.

In such cases I give a teaspoonful, or perhaps two, every five or ten minutes, with plenty of brandy or other stimulant, (using,

of course, at the same time, the *tampon* pressure and friction through the walls of the abdomen, and cold applications to the vulva,) and I consider it invaluable, by the power it has of *maintaining* the uterus in a state of contraction.

Again in case of retained placenta after abortion, when it is very difficult, or perhaps impossible, to remove it by mechanical means. Here the ergot acts to expel the placenta, and, prevent blood poisoning and consequent fever.

In cases of passive uterine hemorrhage, or excessive menstruation, nothing has proved more efficacious in my hands, than equal parts of liquor ergotae and tinct. cinnamon, given in one or two drachm doses, every three, four or six hours, according to circumstances.

All these uses and many more, will suggest themselves to the intelligent practitioner. I only wished to call the attention of the profession to a simple method of preserving the virtues of the ergot in a form always convenient and always reliable.

ART. III.—A Monstrous Birth.

By E. MENDENHALL, M. D., Zionsville, Ind.

EDITOR LANCET AND OBSERVER: About 2 o'clock on the morning of October 20th, 1868, I was called upon to attend Mrs. — of twenty-eight years of age, in her third confinement. I found her already in the second stage of labor. She said her time was not up by six to eight weeks. Her pains were frequent and strong. A hasty examination was made, and I found some unrecognizable substance protruding and passing through the vagina. Three pains only took place after taking my seat at the bedside, when the fœtus was expelled. It gasped for breath, and two or three inspirations took place, after which it breathed no more. The cord was then severed and tied in due form, and the child wrapped up and laid out of the way. After the expulsion of the secundines, which took place naturally in about fifteen minutes, the woman was bandaged and allowed to rest.

I then proceeded to examine the child. The anterior aspect of the body and limbs of the child were of the natural shape and dimensions of one of seven months, and its color was that of a child who had breathed, or whose blood had been oxygenated. The dimensions of the face, however, were fully one-third or one-half less in proportion, and almost round. The eyes were round, of a grey color, very prominent, wide open, and appeared as though it were staring at some one. Its nose was flat, and its lips slightly parted, with the tip of the tongue protruding. The chin appeared to start out from the chest, about three-fourths of an inch below where the top of the sternum usually is. It had no neck, and the shoulders emerged just beneath the lower portion of each ear. The ears were rather large, and like a scoop in shape, the back and tips of each being covered with hair. Altogether the anterior appearance of the face and head resembled that of a cat or horned owl.

The posterior portion of the cranium, the cervical vertebra and a portion of the upper dorsal, were absent. The appearance was that of a frightful wound inflicted by some projectile, which had carried away all that portion of the cranium lying posterior to the middle of the anterior fontanelle, and above the attachment and behind the ears, scooping out, in its passage, a portion of the cerebral substance and the vertebra as before stated, and then emerging from the center of the space betwixt the scapulæ. The surface appeared to be covered with medullary matter, diffused over with blood, and the whole enveloped with a thin pellicle or transparent covering, which had probably contained an aqueous fluid.

Such is a brief description of this defective and deformed specimen of humanity, without any pretention to any very precise anatomical accuracy.

Now, as every effect in nature, or in the material universe, is the result of some pre-existent producing cause, the query naturally arises, what caused the defect and malformation in the case under consideration? The woman was in the enjoyment of good health. With an anxious desire to ascertain, if possible, the occasion of this aberration from the ordinary course of nature, the inquiry was made in regard to her previous condition, state of health, occupation, etc.; and she replied, that did not cause it, but she knew what did; and that she knew something was wrong

ever since that took place. I asked what that was? Her response was, that about six weeks after she supposed herself to be pregnant, her brother shot a cat in her yard, and supposed he had missed it, as it bounded away under the house. He reloaded his gun and called to her to go to the opposite side of the house and drive the cat toward him, that he might shoot at it again. She reluctantly attempted to comply with the request, and went around the house and saw the cat lying there dead, with its bowels hanging out, and the top of the head either shot away or covered over with blood, and appeared to be looking wildly at her. At this sight she screamed and came very near fainting, and had to be helped in the house. From that time to the present, that cat was in her mind, and she was fearful it would affect her child.

Now, the question may be asked, did the sight of that cat, *under the circumstances and at that particular time*, have any thing to do with this malformation, or was it a mere coincidence? If it was a coincidence, what caused it? The woman was of a nervous temperament, truthful and ordinarily intelligent.

Might not the sight and consequent image impressed on the sensorium commune, of a highly sensitive and susceptible subject, just during the formation stage of the fœtus, be likely to affect injuriously, or otherwise, the growing germ? Is there any thing more unreasonable in this, than the procuring the stripes and streaks in Jacob's cattle? Let those who ridicule and laugh at the idea of mental impressions in the mother, affecting her offspring during its formative process, give a more reasonable and satisfactory theory, if they can.

Without assenting to the various superstitious notions entertained by some on this mysterious subject, I can not resist the conclusion arrived at from observation (and from what is on record), that *many* of the defects, deformities and marks, so-called, are the direct result of mental impressions or physical weaknesses of the mother during the forming period of the fœtus in utero.

That many women of a different temperament, or at a subsequent stage of gestation, are thus exposed and escape such dire results, proves just nothing at all. A great deal depends, also, upon habit; for it is well known that women, who are accustomed to witness sights and scenes of horror, cruelty and the shedding of blood, lose all feeling of dread or fear of the occurrence of such things in their presence. While some will faint at the sight of blood, or shrink from seeing the decapitation of a fowl, others

will look upon the worst aspects and most shocking forms of cruelty and torture of both men and animals, or even engage in the destruction of life with the utmost composure, and with evident delight and pleasure. With such there is little danger of defects and malformations being the result of merely mental impressions.

ART. IV.—*Remittent Fever and Complications.*

By DR. F. W. HUNTER, Burnside, Ills.

This disease has prevailed more extensively in the military tract of Illinois during the last eighteen months, than I have observed in a practice extending over a period of eight years.

At this time, January 13th, it is the principle affection we are called to see. Is it not a freak of the disease to prevail in mid-winter? The disease has, to some extent, metamorphosed as winter approached. Now, the predominating symptoms are pharyngitis and neuralgia, while in warm weather gastric disturbance gave most distress.

The mild and limited course of some cases, and the violent, alarming and protracted career of others, is worthy of note. Two or more cases in a family may present entirely different symptoms, but the practitioner has no difficulty in making a diagnosis. So completely has this affection occupied the field, that were it not for the variety of symptoms accompanying it, one would be almost justifiable in forming a diagnosis, and indicate a course of treatment without seeing the patient.

The practitioner that has treated both remittent and spotted fever, can not help but notice the marked resemblance of many symptoms. However, the career of these maladies are quite opposite. The introduction of cerebro-spinal meningitis into locality, is marked by extreme mortality in the beginning. First cases are characterized by greater malignancy than subsequent ones, during the first week the majority die suddenly; then it assumes a milder form, and a large share of those, attacked toward the close of its career, recover. It gives rise to the supposition, that the poison floats in the atmosphere surrounding us, and is gradually exhausted. Not so with remittent fever. Mild cases

may occur at the beginning, and grave ones at the close of the epidemic, and vice versa.

Delirium has been manifested alone in patients ranging from two years of age to five, and only with those suffering from high grade of fever. Delirium arose in about one-tenth of my cases. Earache, during the past month, has constituted a prominent feature among children suffering from remittent fever.

Intermittent fever has not, in a single instance, preceded an attack of remittent, nor has it been a sequel. In a number of cases relapses have occurred, but remained simple remittent fever. One case was clearly a combination of typhoid and remittent both elements were clearly marked during the first week, when the intestinal trouble gave way, leaving a simple case of remittent. Five cases assumed a continued form, running from three to eight weeks. In no one of the five cases was an opportunity afforded to try the abortive plan, not seeing any of them until the fever had become continuous. Three of the above patients were over sixty years of age, and one of the three over seventy. The latter had suffered for over thirty years from a large indolent ulcer on the leg. At the end of four weeks he left his bed; appetite strong; ate fried mush, and relapsed. Running a second course of four weeks he again convalesced, making a rapid recovery for one of his age. The ulcer which had annoyed him so long, had healed without any treatment being directed toward it. A year has since elapsed, and the old gentleman enjoys excellent health.

In a case of obstinate delirium, paraplegia ensued, with partial aberration of the mind. Three months has passed away since this child, aged two years, was taken down. It is now slowly regaining the use of its lower extremities; mind appears almost restored.

In a few cases high fever and delirium precluded the administration of quinia in sufficient doses to cut short the disease. Not a single case where remissions occurred, failed to be arrested by large doses of sulph. quinia. Continued cases were put upon a supporting plan, with small doses of quinia throughout the disease. Cold water was used freely in all cases. Purgatives were only given to overcome constipation, and then injections were preferable when convenient.

With young children the symptoms are similar to what ha

been erroneously termed "worm fever," and it is sometimes difficult to convince "old women" that it is not a case of worms.

But one death occurred out of all my cases (75), and that was a feeble old lady (over sixty years of age). Her disease assumed a continued form; and to increase her chances for departure an Eclectic physician was called in, and relieved me of the case. I am sorry to say, that under his course of gelseminum and podophyllin, she gave up the ghost. He pronounced her disease typhoid fever—poor fellow. A year has since elapsed, and his familiar countenance has not made its appearance in that vicinity.

A writer in the *E. M. Journal*, for January, claims to have cured one hundred cases in a given time (for particulars see small bills). If not trespassing too much on your pages, I will give his remedies for simple remittent fever, viz: lobelia, capsicum, asclepin, gelseminum, tinct. veratrum, aconite, quinine, prussiate of iron, leptandrin, podophyllin, hydrastin, lime water, milk, brewer's yeast, oleum morrhue, glycerine, bromide potass., iodide potass., alkaline bath, iron and phosphorus.

If any of his patients are "left to tell the tale," they deserve the congratulations of their friends for their narrow escape. It is fortunate for them that their medical attendant did not possess any nitric acid, as he would have certainly formed a compound that would have ended the disease by blowing up the patients. He has no doubt practiced in China, where a multiplicity of remedies is the rule.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT, M. A. WILSON, M. D., SECRETARY.

Dr. E. B. Stevens made the following report of recent cases in his practice:

CASE I. SHOULDER PRESENTATION.—Called February 18th, to attend a young woman in her first confinement; pains irregular,

and case progressing slowly. This state of things continued until the 21st, without material change. On the morning of the 22d, called in haste; "waters had broke" several hours previously, and found labor pains to be very energetic. On examination discovered a shoulder presentation, left shoulder presenting, and vertex to the left.

I made some manipulation, hoping to effect cephalic version, but, either unavoidably, or as the result of awkwardness, only succeeded in having the arm come completely down. I then made an effort to turn. I had no difficulty in introducing the hand fully into the uterus for that purpose, but found myself unable to effect my purpose without greater force and persistence than I was willing to use without chloroform. I sent for chloroform and the aid of Dr. Bonner, Sr., at the same time, and after full anæsthesia, Dr. Bonner completed the operation for me without great delay, delivering a still born child. The mother made a prompt and satisfactory "getting up."

CASE. II. PROBABLE UREMIA.—DEATH OF MOTHER AND CHILD—
—I was called several weeks ago to see a lady expecting to be speedily confined; fourth labor, but the last previous one seven years ago. At present has troublesome epistaxis and asthmatic breathing and cough, so that she is frequently distressed for breath if she lies down. Face has a slight oedematous appearance. The epistaxis was easily controlled, and simple remedies so materially relieved the breathing, that I did not see her again until labor set in, and, therefore, was led to neglect a careful examination of the condition of the heart or the character of the urine.

March 6th. Pains regular, decided; os dilated to size of a dollar, but rigid; general oedema, especially the feet and limbs to the knees, are puffed and doughy. Breathing still hurried and asthmatic, apparently increased by the occurrence of labor pains. Accouchment failed to proceed to completion; pains becoming slight, and labor then progressing irregularly for several days the patient having intervals of entire suspension of pain, and snatches of imperfect rest.

March 13th. Waters broke this morning; but find the pains rather inefficient, and os still imperfectly dilated, gradually increasing in force, however, during the day, until completion of delivery at 6 P. M. Child dead, but apparently only recently so

Mother greatly exhausted ; wheezing and gasping for breath ; purple, making it necessary to admit abundance of fresh air, and prop her up in a semi-erect position with the pillows. Gave stimulants, ether, valerian, morphia, and at 10 o'clock left her apparently becoming comfortable, and breathing with ease. Hoped that a few hours of rest would complete the reaction.

She died at 2 o'clock in the morning. Family report that she continued in this condition of comparative comfort, so far as her breathing was concerned, but failed gradually, becoming cold with failing circulation ; about mid-night having a slight convulsion.

I have supposed this case to be one of uremic poisoning, and that, probably, the pulmonary trouble was of this uremic origin—an oedema, perhaps, of the lungs. I regret, however, that the circumstances of attendance led me to neglect the careful examination of the heart, and testing the condition of the urine. I also very much regret that no opportunity for post-mortem was afforded.

During the last two days of the labor, I dreaded the occurrence of convulsions as liable at any time, and in the concluding hours I was arranging to send for forceps to expedite the delivery, on account of this anticipation, when a few expulsive pains terminated the labor as stated. It is probable, that had I resorted to forceps a few hours in advance of this time, I might have saved the child, and possibly given the mother a better chance for her life, by saving her that much of exhausting tax on her lungs.

CASE III. STERILITY.—SUPPRESSION OF CATAMENIA, &c.—This patient is now about twenty-four years old ; was married when only about sixteen, at which age she was perfectly regular in all respects, and continued so for several years, but without becoming pregnant. Four years ago she had *erysipelas* of the face and scalp, treated, however, by another physician, since when she has had no catamenial show, and no monthly period of pain or trouble of any kind in the slightest degree corresponding to such period. Two years ago she had another erysipelatous attack of the face, when I was called upon, and when I learned in general terms the history of the case. Subsequently I was occasionally consulted at irregular intervals, for advice as to the suppression of her menses, and within a few days I made a more particular and careful examination.

Her present condition is, general health apparently good; fleshy; no trace of monthly period; physically well developed; to the digital examination there is a sense of imperfectly developed uterine structure, and the speculum shows a *small os and cervix and minute orifice*, admitting with difficulty the slight entrance of the uterine probe; nothing to suggest the retention of any menstrual fluid.

Is this a case for dilatation of the os with tangle tent or sponge? scarcely, because it is not one of *difficulty*, but *arrest*, and no evidence of *retention*. Is it a case for general medication? scarcely, because the general health in all other respects appears faultless.

Dr. Elstun's Case of Foreign Body—Singular Journey and Exit After a Year.

Dr. Carson stated, that at a former meeting of the Academy he had reported from memory a case of singular travel and exit of a foreign body. He now had the pleasure of reading the following letter from the physician in charge of the case, Dr. Elstun, of Columbia.

DEAR SIR: I some time ago promised to furnish you the report of an anomalous case of the *travel and exit of a foreign body* from the stomach of a patient of mine; but in moving my residence had mislaid my old note-book, and did not find it until recently.

On the 6th of March, 1855, I was called to see Mr. Wm. K—, a mechanic, about thirty-eight years old; had been a strong, healthy man, but of dissipated habits, which showed plainly in his appearance. He complained of a severe pain in his right side, about the margin of the ribs; had general fever, with considerable nervous excitement. On examination found considerable fullness and hardness in right hypochondriac region, attended with great tenderness, extending from the epigastrium backward along the margin of the ribs. The urine was found high colored and scanty; bowels constipated; tongue dry, with considerable thirst.

Prescribed cathartic, and ordered twelve leeches on the side. On the next day found the cathartic had operated well, and the febrile symptoms abated.

The patient was placed on low diet, demulcent drinks and diuretics, under which the local symptoms of inflammation gradually subsided. About the fifth day a blister was applied, and by the tenth day most of the swelling had disappeared. The secretion

of the kidneys continued high colored and scanty; a decoction of buchu and juniper berries was ordered, and the secretion gradually became normal; and at the end of two weeks he was considered convalescent, and discharged with strict orders to refrain from drinking.

On the 10th of April my attention was again called to the patient, when I found all the general febrile excitement that attended the first attack, but with the pain referred to the right lumbar region. On examination found considerable swelling and hardness about the outer edge of the right kidney, very sensitive to the touch, but the swelling apparently deep-seated. Urine very high colored and scanty. The local inflammation was this time referred to the kidney, there being no appearance as before of any enlargement of the liver, nor any tenderness in the hypochondriac region.

Leeches were ordered over right lumbar region, and a general antiphlogistic treatment adopted to reduce the inflammatory symptoms. Convalescence again occurred in about ten days, and the patient was again discharged.

On the 26th of April I was again called to see the patient. By this time he had become considerably emaciated; had not been able to work, but had been walking around; had been entirely abstemious, and said he had not been free from pain and soreness in the right side, but that it was lower down.

On examination found a deep seated swelling and hardness in the right iliac region. Found the secretion of the kidneys natural, and the secretions generally in good condition, and but little febrile excitement. Applied Iodine externally, and put the patient on tonics of bark and Iron, with nutritious diet. For two or three days, there seemed to be but little change, except that the local inflammation was spreading downwards, having now reached the inguinal glands and Poupart's ligament. I requested a consultation, and the late Prof. Jesse P. Judkins was sent for. We saw the patient together on the 29th of April. Dr. Judkins expressed the belief that there was an iliac abscess forming, and proposed using the exploring needle to determine or not the existence of pus. But upon hearing the further history of the case, that the local inflammation first appeared in the right hypochondriac region and had gradually travelled down through the right lumber with evidence of its still progressing

below and outside of Poupart's ligament, determined him to postpone the exploration a few days.

On the second day of May, we again saw the patient together, and found the swelling in the iliac region much reduced, but increased and spreading outward below Poupart's ligament, with indistinct fluctuation below the anterior spinous process of the ilium; the inflammation now involving the femoral vessels, the spermatic chord and testicles of the right side; the pain was intense. It was determined to await further developments, and a poultice was ordered to the part, with an opiate, to be given internally often enough to keep the patient quiet.

On the 5th of May the fluctuation became distinct about half way between the anterior spinous process of the ilium and the great trochanter, and I opened it, and fully a half pint of pus was discharged.

We hoped we were then rid of the trouble, and our patient of the suffering, for his general health soon commenced to improve and the local inflammation subsided, but the abscess was not disposed to heal. He so far recovered his strength as to return to his occupation (car building,) by the latter part of June, though the fistulous opening continued to discharge, in spite of our efforts to heal it by injections of infusion of cinchona, tr. of iodine, etc. As he was able to follow his business, and suffered very little inconvenience from the sore, during the fall and winter of 1855—1856, I lost sight of the case until some time in the spring of 1856, he said, on meeting me, that his fistula had healed up.

On the 12th of July, 1856, he again sent for me, was confined to his room with an inflammation about the hip, joint of the right side. I found evidences of the formation of an abscess in front of the trochanter, near where it had been opened before.

Flaxseed poultices were applied, and in four or five days fluctuation became distinct. I then determined to make a free incision through which I could examine the parts by touch. This incision was made about two inches in length, and while holding a basin to receive the pus, I observed a lump of something fall into the basin, which I took out and washed, finding it to be a bone about five-eighths of an inch long, having an articular surface at one end and tapering to a sharp point at the other. It had much the appearance of the last phalanx of the finger except that it was not so flat and more pointed and regular in shape. The examination I sought by a large incision became unneces-

sary, the bone discovered being a satisfactory explanation for the long continued irritation. The patient rapidly recovered, the wound healing readily and perfectly.

Mr. K—— is still living, a healthy and able-bodied man, and I believe served his country as a soldier during four years of the recent war.

Our comparative anatomy, with the aid of several medical friends, for a long time failed to name the troublesome bone, or to discover to what animal it belonged, but finally, by accident, I noticed a fac simile of it on a plate, where some one had been eating a pig's foot. On comparison, I found the two exactly the same, except that our first specimen was colored black by our iodine injections.

Our conclusions were that our subject had swallowed the bone, that it had lodged about the commencement of the duodenum, and sloughed its way through its coats, producing the symptoms of inflamed liver, our attention being at the time directed to that organ by the habits of the man. That it travelled down the right side of the abdominal wall, producing in its course the evidences of inflammation of the right kidney, thence following the internal oblique and cremaster muscles and Poupart's ligament, finding a lodgment in the cellular tissue, under the facial lata of the thigh, and would have probably been dislodged in opening the first abscess, if as free an incision had been made as in the second.

Dr. F. G. Schmidt reported the following cases in practice :

CASE I. EMBOLI OF SUBCLAVIAN.—W. K——. Attention called to his condition *suddenly*, May 15th, 1868, by finding a partial paresis of right arm on attempting to use it. Saw him at 9 o'clock A. M., and at 11 ; he suffered terribly with pain of whole arm ; promptly relieved by 15 grs. Dover pulv., contrary to usage ; arm dressed in cotton, and afterwards warm, aromatic poultices were applied ; pulseless on affected side ; pulse about 40 on the opposite side. Camphor and wine were given internally until pulse became normal. Examination proved valvular disease of bicuspid valve of heart. Temperature of the arm greatly reduced ; gradually, slowly returning to its healthy standard. Pulsation could be felt on the right side on the 10th of July. The only derangement of nutrition observed for several months, was

exhibited in a deformity of the nails. With the same suddenness, a like emboli, with similar attendant conditions, occurred in the radial artery of the left arm, during the subsequent autumn, since when the patient has been absent in Europe, and as learned from private correspondence, is in a fair degree of health.

CASE II. EMBOLI OF RIGHT FEMORAL.—Mr. G. K——. This case was not originally my own, but was called in consultation. Saw him first on the 2nd of Feb., ult. Found right leg gangrenous, and the gangrene had commenced on right toe about thirty-six hours before my visit. Pulse very frequent, indicating the hectic condition, with dry tongue and other evidences of depressed conditions. The patient only lived until the morning of the fifth. This case also commenced suddenly, with some pain of the toe, at the desquamating period of variola; also suffering bicuspid affection of the heart at the same time; pulselessness and other evident proofs of embolism were present.

CASE III. DIABETES INSIPIDUS. At first interview found the patient anemic, having been a subject of syphilitic taint previously of decided character; passing twelve quarts of water every twenty-four hours. Knowing this syphilitic feature of the history, treated her consequently with proto-iodide of Mercury, and, at the same time a preparation of iron. The urine being tested, proved the absence of sugar, hence a diabetes insipidus. Thirst was terribly excessive. Having treated the patient this way for several months, she has so far recovered, that she only passes two pints of water in the twenty-four hours. Menstruation having been arrested during the progress of the case for a long period is now restored, and the general health improved.

CASE IV. STAPHYLOMA CORNÆ.—On the 29th April, 1868, called to see the child of Mrs. L——, found total staphyloma of cornea, with infiltration, so that the cornea is opaque; transparency entirely destroyed, and surface of the cornea had a number of bloodvessels. The case had been treated up to this date with local applications of acet. plumbi by the preceding physician. The treatment prescribed by me was local application of solution of atropine and morph. sulph combined, and when pain of the temples and os frontis existed, leeches were applied. Quinia was also given whenever the pain appeared to be intermit-

tent, otherwise narcotics only were administered. The transparency of the cornea gradually returned, gradually diminishing the dimensions of the staphyloma, and the vascularity diminishing until on the 6th of June, 1868, the cornea had arrived at its normal condition. The vision, which was totally absent when I took charge of the case, at the above date, was entirely restored in June.

Hospital Reports.

CINCINNATI HOSPITAL.

Service of W. H. MUSSEY, M. D.

Reported By A. GUTHRIE, M. D., Resident Physician.

CARBOLIC ACID IN SURGERY.

Compound Comminuted Fracture of Left Leg.

CASE I.—H. W.——, thirty one years of age; German; admitted February 16, 1868. While attempting to turn a horse which he was leading, was struck by a street car, knocked down, and the front wheel passed over his left leg, near the centre, producing compound comminuted fracture. When admitted was fairly fortified against pain by the ingestion of alcohol, and a stoical disposition, health previously having been good. Upper fragment protruded about two inches; there were numerous splinters and fragments of broken bones; orifice of integument was about two inches long and one wide. From this severe injury there was considerable hemorrhage. A portion of the protruding bone was removed by the bone-lance forceps, the splinters extracted, the leg suspended in a wire splint, and heavy extension by weight acting through a pulley, and the fragment gradually subsided within the wound of integument. Calvert's pure carbolic acid was thoroughly applied to the wound, which was then covered with lint, and it was likewise saturated with the acid after it was filled with blood. Cold water dressing was applied to the limb, and patient given an anodyne at night.

The above mentioned application of lint together with the

oozing blood, formed a scab, so to speak, and thus protected the wound, and was not removed until March 23. During the first two days there was a slight discharge of bloody serum, and subsequently of pus, from beneath the scab. The carbolic acid was applied to the lint twice daily for several days, then was diluted one half with glycerine.

Subsequent to this the strength of the acid was gradually diminished, and the wound was sufficiently healed to allow the application of the starch bandage on the 4th of May, and on July 3d. was discharged well.

Compound Fracture of Left Tibia.

CASE II.—C. B.—, aged twenty-four; admitted March 20. Three days ago, while grading a lot, a bank of earth fell on him, contusing his foot, and producing a compound fracture of middle third of left tibia. Previous health, good. When admitted there was but little symptomatic fever, compound fracture of tibia in above mentioned site, external wound about one inch in diameter, no loss of bone substance, and not much hemorrhage. Leg was suspended in wire splint, and wound injected twice daily with a solution of carbolic acid gtt. xxx. to the ℥i., and cold water dressing applied to limb, and anodyne at night.

Free suppuration was established in this case, and continued for over a month, but at length the wound began to heal, and he was discharged on the 18th of July, nearly well.

There is but little doubt that the suppuration would either have been prevented or greatly diminished, and a more speedy recovery secured to the patient had the carbolic acid been used at the first and subsequent dressings, previous to his admission to the hospital.

CASE III.—J. S.—, aged forty-seven; German; admitted March 19. While at work in a rolling mill had his arm caught in a wheel, and before he could extricate it, his elbow was severely crushed. He was immediately brought to the hospital, and on examination his arm was found in the following condition: There was a wound over inner condyle of humerus, about two inches in length, and the adjacent tissues were severely contused. The fore-arm and arm were both shortened anteriorly, and the olecranon process projected unnaturally behind; fore-

arm semiflexed, on arm, but easily moved, the act eliciting crepitation.

The arm was placed in a right angled wire splint, and so arranged as to leave the injury free for the application of dressing; then the wound was thoroughly mopped out with a solution of carbolic acid in glycerine, *partes equales*, and this to be repeated twice a day, and the following to be applied afterward.

R.—Adipis \mathfrak{z} ii.

Carbolic Acid \mathfrak{z} i.

Ft. ung't.

The wound began to improve almost immediately; there was but little suppuration at any time. At the end of a month there was very considerable motion of the joint, and at the expiration of two months was discharged well. It is hardly necessary to remark that the strength of the acid was diminished as in case first, as the cure progressed.

Contusion of Hand. (Out-door Patient.)

CASE. IV.—J. C.—aged 25. On July 13, presented himself with his right hand frightfully crushed from being caught between the coupling of two cars, one of which was in motion. The cuticle and tissues were dreadfully lacerated and contused on both dorsal and palmer aspect; particularly was this true of the thumb, which was so badly bruised and mangled that sloughing took place to a sufficient degree to cause the loss of the last phalanx. No fracture of carpal or pharyngeal bones. When it was practicable to do so, the lacerated tissues were brought together by interrupted sutures, and then he was ordered to envelope the hand in a soft cloth, and keep it constantly wet with a solution of carbolic acid, (gtt. xxx to \mathfrak{z} t.) He continued to present himself daily, and on the fourth day the inflammation was running very high, especially about the thumb, where the contused tissues were of a dark unhealthy color, and discharging a fetid, unhealthy pus. The unhealthy parts were fairly saturated with carbolic acid, diluted one-half with glycerine, and ordered to apply a fermenting poultice, the surface of which was moistened with the gtt. xxx. to \mathfrak{z} i, solution of same. After this his hand began to improve almost immediately, except the thumb, a small portion of which was lost from sloughing of tissues, and conse-

quent necrosis of last phalangeal bone. Subsequent to this the improvement was steady, and he was dismissed cured at the end of six weeks, with a very useful, but necessarily somewhat impaired hand.

Severe Injury of Hand.

CASE V.—C. W.,——, aged sixty-eight; Tennessee. sailor; admitted September 5th. Had been indulging in a few glasses of ale; was standing on the railroad track; was struck by a locomotive, knocked to one side, was picked up in an insensible condition, and found to have sustained several injuries, among others a very severe one of left hand. When admitted, a few hours after the accident, was somewhat depressed and suffering severely. The tissues on dorsal and palmar surfaces of hand were badly lacerated; first and second phalangeal bones of middle and ring fingers were fractured near the metacarpo-phalangeal articulation. All the fingers were severely contused. Ordered to apply a soft cloth to the wound, and to keep it wet with a solution of carbolic acid gtt. xxx. to the ℥i., and to have a hypodermic injection of morphine. $\frac{1}{2}$ gr. to relieve pain.

On the seventh day after injury the whole hand bore an unhealthy aspect. The most severely injured parts were of a darkish color, and discharging a fetid pus. Was ordered to apply a fermenting poultice, and have

R.—Morph. Sulph. grs. iss.
Quin. Sulph. gr. xvi.
Chart. vi.

S.—One every three hours.

This resulted in sloughing of the integument, and thus left the dorsal and palmar surfaces of hand entirely denuded of cuticle. Under this treatment the improvement was steady, and on the tenth day the fermenting poultice was omitted and ordered to make a thorough application of gtt. x. sol. carbolic acid twice daily, and apply a linseed poultice and have Quin. in grs. ii., three times a day.

Subsequent to this, the improvement was steady, very free suppuration was set up, but this gradually subsided. The result was very satisfactory; the hand was saved, and a very fair use secured.

Very many chancroids have been treated with the application of pure carbolic acid, once in two or three days, and kept continually wet with a solution of ten grains to the ounce of water, with the result of a rapid cicatrization.

Periscope.

A Resume of Gynecology and Obstetrics for the Year 1868.—Continued from January Number.

BY C. D. PALMER, M. D., Cincinnati, Ohio.

XVII. SPECULA.—Each year developes something new and different with this instrument. As every obstetrician, some one has remarked, thinks it incumbent upon himself to invent a new forceps, so every gynecologist brings forth a new speculum. Since Sims' duck-billed speculum has come into such favor with specialists, more than a half dozen different modifications of the same have been introduced to the notice of the profession.

Recognizing the special advantages to be derived from its use, and in order to overcome its disadvantages, Emmet, Thomas, Bozeman, Pallen, Nott and others, have each invented modifications.

All of these specula are self-retaining, and do not, therefore, necessitate an assistant with their manipulation. In point of utility they are not materially different, with the exception of Nott's, from each other. They readily permit the introduction of the sound and probe, as for sounding the uterus, and for applications even to the fundus, although there may be considerable variation of the axis of the organ anteriorly; the introduction of tents, and give great facility in cutting operations; but they have to stand the objection, which every female, who is so unfortunate as to require their use, offers, that is, more or less exposure of the parts. Thomas' and Nott's have each fixed depressors.

Nott's is essentially a tri-valve; can be used with the patient in any position, as back, side or knees; is self-retaining, not adapted for the operations of vaginal fistulæ. All of these specula are costly, complicated, more or less, and will never, perhaps, come into general use.

Dr. Horatio R. Storer has recently invented a modification of Cusco's bi-valve speculum, by which it can be used as such, and also, by turning one of the blades, it is readily converted into a Sim's uni-valve.

XVIII. VAGINISMUS.—The following outline of treatment for this disease, from the *Monatsschrift für Geburtskunde*, is interesting as representing the views of Seanzoni, and opposed to those of Sims: More than one hundred cases have come under his observation; and when he has been able to give them his personal attention, he has been invariably successful, without the use of the knife. He directs, for the first few days, tepid sitz baths, night and morning, and local bathing with Goulard water, the same being applied several times per day with lint. Entire sexual abstinence; bowels regulated. Generally, in a few days, the extreme sensibility of the parts is so much allayed, that a lotion, composed of Argenti Nitras, grs. x.—xx. to Aqua, 3j, can be applied with a brush. In a few more days a vaginal suppository of Ext. Belladonna and cocoa butter is applied behind the hymen, once per day. Continued use of these remedies is maintained until all inflammation has disappeared, and the normal sensibility is restored. Two or three weeks are required, generally, in this way, after which dilatation by the conical specula can be commenced. The first attempt at dilatation is painful, but afterward the patient will be enabled to introduce them herself with facility, allowing them to remain from one-half to one hour. It is not necessary to incise the hymen. Gradually increase in frequency the use of the dilators, from once in two or three days, to once per day. Sitz baths, belladonna and nitrate of silver may be required from time to time, the whole plan of treatment consuming from six to eight weeks. Although Sims excises the entire remains of the hymen, his treatment requires as much time.

Dr. Nettel, in the December number of the *New York Medical Record*, speaks of having observed three cases of lead poisoning, associated with vaginismus. The poisoning was occasioned by the long continued use of cosmetics containing lead, and all the characteristic symptoms were well manifested. He inquires whether the two diseases could hold to each other the relation of cause and effect.

Tilt, in his latest edition on Uterine Therapeutics, condemns Sims' method as dangerous and unnecessary.

XIX. STERILITY.—At a recent meeting of the New York County Medical Society, Dr. Sims advanced the following interesting facts in reference to sterility. Aside from its therapeutic value, the paper he presented will attract attention on account

of the confession on his own part, that surgical interference of the uterus, by himself, for sterility, had been unnecessarily frequent and unwarrantable. The operation of incision of the os-uteri had, of late, been performed on an organ entirely healthy, and perfectly capable of admitting and transmitting the spermatazoa of the male. He is frank to acknowledge his misfortune in having incised the os, in six different cases, when an examination of the husband's semen revealed no spermatazoa. He thinks his operation for the relief of dysmenorrhea have not been unnecessary. Heretofore, with him and others, a very small os, without further investigation, has called for a surgical operation. When the spermatazoa pass along the Fallopian tubes, which in a normal state only admit a bristle, would it look as if a small os was an obstruction to their passage? Hence, incisions in such cases is unjustifiable, without the evidence of the microscope upon the semen of the male.

Dr. Sims states the manner by which his opinion has undergone a change. The microscope will enable us to determine when, and when not to operate; and its evidence is simple, complete and immediate. He first inquires if the seminal fluid of the male contains spermatazoa; second, whether they enter and pass through the cervical canal; and third, whether the uterine condition is healthy to their vitality. He proceeds as follows.

"Explain to the husband, and ask him to send his wife to the office some five or six hours after coitus, in the morning. She is placed in position, the speculum introduced, and with a glass tube thoroughly clean and warm, attached to a syringe, a little of the vaginal mucus is drawn out for examination. The vagina must then be wiped dry with cotton, to prevent the action of its secretions upon the other specimens. The tube is rinsed in water, and a second specimen of mucus is taken from the lower portion of the cervical canal. A third specimen is similarly taken from near the os-internum. If no spermatazoa are found, ask another examination, for the vagina may have expelled the seminal fluid, or it may have escaped on rising from the bed. If none are found after two or three examinations, insist upon seeing the woman within an hour or so after coitus, and before she arises. If then satisfied that the seminal fluid contains no spermatazoa, the fault lies with the husband, and any operation will be useless. If they are found in the vagina (probably dead from the effects of its acid secretion), then it must be ascertained whether they enter

the cervix, and find favorably there a fluid to retain their vitality. The proper period for determining these points, is limited to the week following menstruation, the period during which impregnation is most likely to occur. About the sixth day after the catamenial flow has ceased, is probably the best time. Just before menstruation, there is a degree of engorgement which may very probably occlude the canal; and if the spermatazoa succeed in entering, they are almost surely killed by the character of the secretion. If the spermatazoa are found alive, high up in the cervix, after a sufficient length of time following coitus, nothing is required; but they may be abundant, and yet nearly all dead—even within a few minutes. Then the condition of the cervical mucus membrane must be looked to, to learn what produces the disordered secretions. The cervical mucus should be normally thin and translucent; if it contains milky specks, it is certain to be poisonous. After a month's treatment, the spermatazoa may be found living and active in the mucus taken from the lower segment of the uterus, and mostly dead in that from the upper segment, showing that treatment has not extended far enough. To be perfectly secure that all is right after treatment, an examination should be made thirty hours after coitus; and if the spermatazoa are then found living as high as the os-internum, the case can be dismissed as cured."

Dr. Peaslee heartily concurred in the views expressed by Dr. Sims, as to the frequency of incisions of the os for the cure of sterility. He spoke, too, of operations performed which had, as it were, shut off all possibility of offspring. The incisions had so freely opened the os-internum, that, even in case conception did occur, abortion was sure to follow.

There are, however, another class of cases, viz., flexions, in which, although the semen contains spermatazoa, they can not pass a certain point in the uterine canal. Sometimes, in these, by lifting and retaining the fundus of the uterus from the cul de sac, conception might ensue; in others it will be necessary to straighten the uterine canal by incisions.

XX. PUERPERAL CONVULSIONS.—In the November, 16th, number of the *New York Medical Record*, Prof. Fordyce Barker makes the following interesting remarks concerning puerperal convulsions:

Some fourteen years ago he collected statistics as to the mor-

ality of the disease, which showed 32 per cent. in cases before and during labor, and 22 per cent. in cases occurring after labor. So much improvement had taken place in the manner of treating the disease, from recent developments in its pathology, that, perhaps, the statistics to-day would hardly give the above mortality.

The tendency of the professional mind, during the past few years, has been to recognize a relation of cause to effect, between albuminuria and puerperal convulsions, almost invariably. Cases in which this relation did not occur, have been regarded as exceptional. Many eminent obstetric authorities recognize but two forms of the disease, uræmic and hysterical. With them albuminuria is regarded as an evidence of some lesion of the kidneys, as congestion or Bright's disease. There are three classes of cases, however, which lead any one investigating this subject to doubt these commonly accepted views: 1st. Cases in which *no* albumen is detected in the urine, but puerperal convulsions occur; 2d. Cases in which albumen is found, and puerperal convulsions do *not* occur; 3d. Cases in which no albumen is detected prior to labor, puerperal convulsions occur during labor, and an immediate examination of the urine detects the albumen.

It seems, therefore, as if the spinal system receives a profound impression, culminating in convulsions, and modifying the functions of the kidneys, resulting in albuminuria; in other words, both convulsions and albuminuria being the effect of a common cause.

Quite recently, too, Frankenhauser, of Jena, has written a work "on the Nerves of the Uterus," which demonstrates a direct connection between the nerves of the uterus and the renal ganglia. The fact, that albuminuria takes place more frequently in twin pregnancy, in primipara with unyielding walls, etc., would look as if pressure upon the renal veins occasioned it; but the same causes might equally well produce irritation in renal ganglia, and the nerves in connection with them.

Puerperal convulsions occur suddenly, often from external sources of irritation, as pressure of fœtus upon the cervix, from digital examinations, from use of instruments; all of these look to the nervous, rather than the vascular system, as the starting point. Too often the post-mortem changes, observed in the kidneys in women having died of puerperal convulsions, is too trivial and transitory, and show but temporary congestion. We do know that puerperal convulsions result from uremia, caused by Bright's disease of the kidneys; we know, too, that congestion

of the kidneys and albuminuria are associated with puerperal convulsions, but have reason to believe that this association does not bear the relation of cause and effect. Finally, we know that puerperal convulsions arise from reflex irritation and congestion of the true spinal system, without any indication of renal affection whatever.

In Vol. VIII, of *Obstetrical Transactions*, Dr. J. Braxton Hicks has expressed views somewhat similar to these.

XXI. BARNES' DILATORS.—Dr. Barnes, speaking of the various means useful to effect dilatation of the cervix in labor, says, that “water pressure is the most natural, the most safe, and the most effective. An os-uteri that will admit one finger, will admit No. 2 dilator in a collapsed state. The introduction is effected in this way: Insert the point of the uterine sound, of a male catheter, or any convenient stem, into the pouch at the end of the bag; roll the bag round the stem, anoint it with lard or soap, then pass it into the cervix, guided by the forefinger of the left hand, which is kept on the os-uteri. When the bag is passed so far that the narrow or middle part is fairly embraced by the cervical ring, withdraw the sound, keeping the guiding finger on the os to insure the preservation of the bag in situ; then pump in water gradually. Continue distending the bag until you feel it is tightly nipped by the os. When this is done, wait a while; close the stop cock, and give time for the distending eccentric force to wear out the resistance of the cervix. No muscle can long resist a continuous elastic force. From time to time inject a little more water, so as to maintain and improve the gain; but be careful not to distend the bag beyond its strength.

There is, of course, a limit to the distensibility, even of india rubber; and I have been told of cases where the bag has burst. I think this accident ought to be avoided. When you have got all the dilatation of No. 2 that it is capable of giving, remove it and introduce No. 3, which is larger and more powerful. The dilatation that No. 3 will give is commonly enough to afford room for the forceps or the hand. The time required for this amount of dilatation will range from half an hour to two hours; but, not to lose time, it is desirable to keep your finger on the edge of the os, so as to be sure that the bag does not slip forward into the uterus altogether, or is not driven down into the vagina by uterine action. If it slips wholly into the uterus, it may displace the

hand. When you have gained your end, open the stop cock; the water is ejected in a stream, and the bag is easily withdrawn.

The cervical dilator serves yet another purpose. Taking the place of the liquor amnii, it does duty for the bag of membranes. It not only directly expands the cervix, but, setting up a quasi-normal reflex excitation, it evokes the regular action of the body of the uterus.

This proceeding will succeed in a great majority of instances, especially where the closure of the cervix is due to spasmodic action, or where, the tissue of the cervix being normal, it can not expand for want of an eccentric expanding force, as where the membranes or child do not bear upon it. The plan of combining the water dilator with incisions, by means of a knife, is especially valuable in cases of rigidity from hypertrophy of cervix or of atresia of os, or vagina from cicatrices."

Barnes' dilators also afford the most useful and efficient means for the production of premature labor, and in point of safety excel all other means in process, save, perhaps, the uterine douche. They have a much wider range of utility than any, such as the douche, injections to the fundus of the uterus, puncture of the membranes, use of the catheter between the membranes and uterine walls, galvanic and electric currents, manual dilatation, or use of the knife. None of these last named are adapted to all cases. Every obstetrician can see the very great value the dilators possess in certain cases of ante-partum hemorrhage as unavoidable, and also in puerperal convulsions, during labor, with the os imperfectly dilated or spasmodically contracted, when every means are required to safely and rapidly terminate labor.

NOTE.—(In my last article of this resume, page 43 of January number, the sentence embracing the seventh, eighth and ninth lines from the bottom of the page should have read: [It should be used after all ulcerations *have healed*, and cervical endo-metritis has been relieved by applications of Argenti Nitras, Tinct. Iodinii or Acid Chromic, and *while* the parenchyma of the parts remains enlarged and sensitive].)—C. D. PALMER.

Correspondence.

Boston, Mass., Feb. 9, 1869.

EDITOR LANCET AND OBSERVER: The winter thus far has been one of the mildest experience in this section for many years and yet, there has been a large number of cases of influenza, bronchitis, pneumonia, and scarlatina. The latter disease has been quite fatal in some sections of New England. As I have often noticed when it prevailed as an epidemic, tonsillitis, with more or less deposit of a diphtheritic character was unusually prominent. Such has been the rule this season.

Physicians here, as elsewhere, differ in their treatment of scarlatina. Some rely upon topical remedies, some internal medicine while others combine both, using stimulants and tonics freely.

For topical applications to the throat in malignant cases I have seen better results from carbolic acid and permanganate of potassa, than any other remedies, with tincture of iodine externally. But notwithstanding all the "good physician" may do, a large proportion of the cases run their fatal race, leaving him as powerless in combatting this disease, as he would be in attempting to arrest the tidal current of the ocean with the palms of his hands.

A number of successful cases of resection of the head of the femur in children, when there was scrofulous caries, have been reported of late by the surgeons of the City Hospital. The disease had so far advanced in some of the little patients that death seemed inevitable, but removal of the carious bone gave results quite satisfactory. Even if the acetabulum was implicated, it did not prevent the operation with hopes of recovery.

At a meeting of the Councillors of our State Medical Society, last Wednesday, Dr. Jarvis, the Sanitarian, moved that smoking should be prohibited at the next annual dinner of the Society, in June. He thought that about one doctor in nine smoked on that occasion, and that so small a minority should not offend those who did not indulge. Of course, this proposition brought up some of the veterans of the society, who related some sweet memories of the fascinating powers of the "*weed*," in their earlier years of practice, but who had now abandoned its use, but still

did not object to a little "smoke." This discussion was both grave and humorous. One could almost discern, now and then, a *devotee*, who, by his expression could sing with the poet:

"Oh! In this wide world is there a pleasure so sweet,
As to sit at the window, and tilt up your feet,
Pull away at an Havanna, whose flavor just suits,
And gaze at the world 'twixt the toes of your boots."

The venerable Dr. Jacob Bigelow, who is a model of temperance in the use of tobacco and alcoholic stimulants, in a humorous speech remarked that when a United States Commissioner went to treat with the six tribes of Indians in the Mohawk Valley, they related to him the following tradition:

That the Great Spirit came to their ancestors to have a "talk," that when he put his right hand on the ground, *Indian Corn* grew, when he put his left, potatoes grew, but when he *sat*, *tobacco* grew.

Aside from this, it is almost alarming to see in our streets, boys of all ages smoking tobacco with as much suavity as older *connoisseurs* in the art of puffing. It must be deleterious to the nervous forces in subjects so young. While I write my eye has just fallen upon the following item touching the point:

Boys who Smoke.—Dr. Decaisne (*Bull. Gen. de Therap.*) in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to enquire into the connection of this habit with impairment of the general health. He has observed thirty-eight boys, aged from nine to fifteen, who smoked more or less. Of these, distinct symptoms were present in twenty-seven. In twenty-two, there were various disorders of the circulation—*bruit de souffle* in the neck, palpitation, disorders of the digestion, slowness of intellect, and a more or less marked taste for strong drink. In three, the pulse was intermittent. In eight, there was found on examination more or less marked diminution of the red corpuscles; in twelve, there was rather frequent epistaxis; ten had disturbed sleep; and four, had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who are very well nourished, the disorder was in general less marked. As to the ages, eight of the boys were from nine to twelve years old; nineteen from twelve to fifteen.

The duration of the habit of smoking was: in eleven, from six months to a year; and in sixteen, more than two years. The ordinary treatment of anæmia in general produced no effect as long as the smoking was continued; but when this was desisted from, health was soon perfectly restored, if there were no organic disease.—[*Brit. Med. Journal*, Sept. 26, 1868.]

By the annual report of the Trustees of the City Hospital for 1868, it appears that there were admitted during the year 2,219 patients; medical, 1,133; Surgical, 880; ophthalmic, 61; small-pox, 4. The number recovered, 1,148; relieved, 554; not relieved, 131; not treated, 42; died, 163. Largest number of patients in Hospital at any one time, 230; smallest number, 137; average number, 172. The number of out-patients was 8,794; medical, 3,851; surgical, 2,732; ophthalmic, 1,652 cutaneous, 559.

The number of patients treated was thirty-three per cent. larger than any previous year, yet the proportion of deaths was lower, being seven and three-tenths per cent. In 1855 it was eight and one quarter per cent.; in 1866, eight per cent.; in 1867, it was eight and six tenth per cent., showing a gratifying exhibit. The estimate for the current expenses of the financial year 1868-9 was \$85,000. The Trustees ask this year for \$90,000.

The *Boston Medical and Surgical Journal* commences its fourth volume of the new series with a new editorial staff. Dr. Cheever and his colleague having retired from the editorial chairs, they have so well filled for the past year. Dr. Parks, the chief editor, has been connected with the Journal before, and brings a ripe experience in the discharge of his official duties. Dr. Lincoln, the assistant editor, is well qualified for his new position. B.

LETTER FROM DR. JACOB T. DAVIS.

LACONIA, HARRISON Co., Ind., January 12th, 1869.

EDITOR LANCET AND OBSERVER: Through the columns of your valuable Journal I desire to ask for information on the following points: First, What effect has intermittent fever on the fœtus in utero? Does it ever destroy the life of the fœtus? If so, in what way is it accomplished? Second, What effect has quinine on the fœtus when administered in the usual dose for the cure of intermittents in pregnant females?

My reasons for asking information on the above points are these: First, I have never seen anything in any Obstetrical work, or in any Medical Journal in regard to this matter. Second, It seems to me that judging from some cases I have been called upon to treat, wherein the patients have received no injury, mechanical, I mean, and where they have suffered for sometime from intermittents, and have aborted at the fifth month, that the fever or its treatment must have had something to do, directly or indirectly, in causing the death of the fœtus.

I am acquainted with two cases, which, I think, is to the point. Mrs. B——, and Mrs. R——, two sisters, the first the mother of six children, the latter, the mother of two. They both suffered for a long time with intermittent fever, and were treated, they said, with quinine, which gave temporary relief only. They are both anæmic, but nothing whatever was given to restore tone and vigor to the system. They were both pregnant, and aborted in the fifth month. They have since been cured of their intermittents, and Mrs. B., the elder sister, has become pregnant for the seventh time and went to full term, and was delivered by me of a fine boy.

The patients referred to were both in comfortable circumstances, and had never injured themselves in any way that they were aware of.

LETTER FROM DR. GORDON.

GEORGETOWN, O., March 14th, 1869.

If I did not feel the task so great, I should occasionally send you something for the *Lancet*. In looking over the March number, I saw several cases which I think might receive an addition from my experience. One I recollect, in relation to treatment of diphtheria. The use of sulphate of quinine and some form of iron, I believe to be about as advantageous in that disease as in erysipelas, and they certainly will control the latter disease. Again, I noticed in the article in relation to spurious vaccination, when speaking of erysipelas, the author praised the external application of Aq. No5. My experience has been that one of the salts of iron in solution, (and I prefer the persulphate,) freely applied—constantly applied—with quinia and iron internally will control, or have controlled, every case in which I have used them, and the number is large.

I remember having fourteen cases at one time, arising from gunshot wounds of head and face. I did not send them to the Erysipelas Hospital, but attended them in the wards, without any spread from them, and all recovered from the erysipeloid inflammation, and all but one from the wounds. They received nourishing, sometimes stimulating diet, etc. I have had some terrible cases of the disease in private practice, and the above with occasional medicine to meet some incidental changes or symptoms, has long been my treatment.

Two or three years ago, I had one patient, a man, whose tongue was at least one and a quarter inches thick, and protruding from his mouth about one and a half inches, dark, almost black, when I first saw him. And very soon after a woman who, weighed about three hundred and fifty pounds, whose head was swollen most terribly from the same cause. They both live in this county. Her head was enormous.

I must, however, close this, for I am suffering terribly from pain along my spine, and my right arm will not do just what I wish it to.

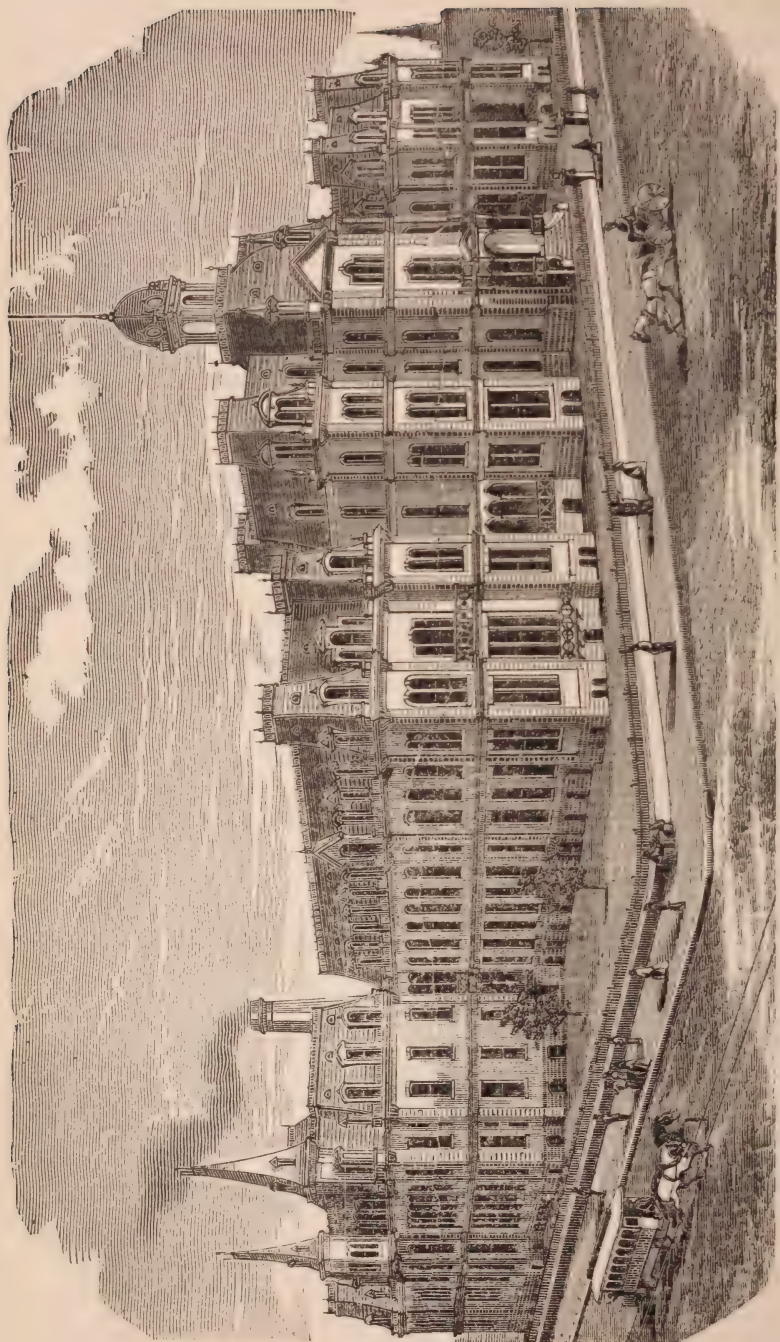
FROM DR. REESE P. KENDALL.

HAMILTON, HANCOCK Co., Ill., March, 1st 1869.

Some Uses of Belladonna.—In your issue for May, 1867 under "Abstracts and Selections," appeared a "Report of a Case of Incontinence of Urine," treated successfully with belladonna, in a London Hospital. (*London Lancet*, Jan. 1867.) Also, in your January issue, under the same head, appears "Successful Treatment of Asthma with Atropia," in a Paris Hospital.

Were those two applications or uses of belladonna considered discoveries? In accordance with therapeutical principles laid down by the Faculty of Miami College, especially such as were taught by Prof. E. Williams, I commenced the use of belladonna in both diseases in 1858, at Liberty, Adams Co., Illinois. I also pursued the same practice during the whole secession war, in line of military duty. The medicines were not disguised, any adult could now tell what cured him.





Editor's Table.

THE CINCINNATI HOSPITAL.—With the present issue, of this journal we send out to our subscribers a fine engraving of this magnificent structure. With its inauguration we have already given considerable matter, with the purpose of placing on record interesting facts bearing upon the history of the Institution. We have collected, as another contribution, a list of the resident physicians since the year 1837 up to the present date, as complete as we have been able from the sources of information within our access. For a considerable part of this list we are indebted to the courtesy of Prof. Connor, who kindly ransacked the records in deposit at the Medical College of Ohio. This leads us to remark incidentally, that we shall deem the Trustees of the Hospital sadly derelict until they take the necessary steps to have restored to a suitable place of deposit, preservation and reference, all books, records, case-books, etc., accumulated in the history of the Hospital. Many of these are in deposit in the Medical College of Ohio, and absurdly retained there as part of its property. We trust this matter will be promptly and effectually rectified before it becomes too late to rescue them from destruction and oblivion. Many of the case books, we learn, have been sacrilegiously torn up for wrapping paper in the drug room.

It is exceedingly interesting to note the subsequent history of gentlemen, who have been on duty at this Hospital. Many are gone to that last bourne from whence no traveller returns. Many seem to have regarded this as a pleasant stopping place between student days and sterner life, while a few have evidently appreciated the value of their position, as a place of fitting for higher and wider and successful fields of labor and professional usefulness.

During the early days of the Hospital, only under-graduates were appointed; and this indeed was made one of the strong points in the famous contest between Drake and the Cincinnati College on the one hand, as against the Medical College of Ohio in possession.

In 1837 Jessie P. Judkins was in charge; 1838, John W. Wilson; Dr. Judkins becoming subsequently one of our best known physicians in the West; connected at various periods with the

Medical College of Ohio; Starling Medical College and the Miami Medical College. Dr. Wilson will be remembered by the older physicians of Cincinnati; he never made a success; he was something of a poet, and died a few years ago. In 1839 Dr. J. S. Unzieker was physician, being the first graduate ever appointed. Up to this time the physician was also his own druggist, preparing all the prescriptions for his patients. 1840, Dr. J. H. Tate; 1841, Dr. F. Roelker; 1842, Dr. David Judkins; C. Muscroft, assistant. Each of these gentlemen have become prominent as Cincinnati practitioners. Dr. Tate has been frequently engaged in public teaching in different schools in Cincinnati, and is now known as a prominent practitioner. Dr. David Judkins is one of our best known practitioners, and for a number of years has been one of the Hospital Trustees, and one of its most active managers. Dr. Muscroft is well known as one of our physicians, and served throughout the war, and has considerable taste for surgery. Up to this time there was only one physician on duty as resident.

In 1843, Dr. John Davis was appointed, with Dr. A. R. Harrison as assistant. Dr. Davis is among our best known physicians, and one of the present Staff. Dr. Harrison was a son of Prof. Jno. P. Harrison, and is now deceased.

1844, E. A. Hildreth with S. C. Wilson as assistant. Dr. Hildreth is now a resident of Wheeling, and an influential practitioner. Dr. Wilson has dropped out of sight; he was a son of the venerable Rev. Wilson, pioneer pastor of First Presbyterian Church of Cincinnati.

1845, J. Byrd Smith, with J. C. S. Moore as assistant. Both of these gentlemen are dead. Dr. Smith, however, had reached a proud position for a young man; at the date of his decease, in 1865, he was one of the Hospital Staff, Professor of Diseases of Women, etc., in Miami Medical College, and had a large and growing practice. The plan of assistants now ceases, and in

1846, Drs. John A. Murphy, and Glover Perrin were appointed. Dr. Murphy is sufficiently known to all our readers. Professor in Miami Medical College, one of the Staff, and engaged in a large practice. Dr. Perrin resigned in December, to enter the army, where he has made an excellent reputation; he is now surgeon on duty at Newport Barracks. Dr. J. C. S. Moore was again appointed to fill his unexpired time.

1847, Drs. A. M. Johnson and Henry E. Foote. Dr. Foote

resigned in July to serve as surgeon in a regiment in the Mexican war, and Dr. Moore was a third time appointed to fill the vacancy. Both Drs. Johnson and Foote are well known practitioners of this city. Dr. Johnson, however, has not been regularly in the profession, and is now engaged in drugs. Dr. Foote is Professor in the Miami Medical College, and a surgeon of Hospital Staff.

1848. Drs. H. G. Carey and A. T. Keyt. Both of these gentlemen have been successful as practitioners, Dr. Carey at Dayton, and Dr. Keyt at Walnut Hills, near this city. The former, after a flattering career, has retired from medicine and is now an Indianapolis banker. Dr. Keyt is still at work in our pleasant suburb of Walnut Hills.

1849. Drs. Moffat and F. A. J. Gerwe. Dr. Moffat now resides at Rushville, Indiana, and has long been known as one of the most prominent practitioners of that state. Dr. Gerwe has remained in this city, and is well known here as an excellent physician.

1850. Drs. W. W. Dawson and C. A. Downs. Dr. Dawson is one of the widely known surgeons of Cincinnati, and Surgeon to the Hospital staff. It is also noticeable that he began his habit of making Hospital Reports then, which he still keeps up for the instruction of our readers.

1851. Drs. Albert Wilson and Howe. Dr. Wilson resides in Sidney, Ohio, and is well and deservedly known. Dr. Howe resides somewhere in Iowa, we believe.

1852. Drs. Raper Dyche and J. J. Delaney. Dr. Dyche has partially retired from medicine, and is engaged in the Chicago drug trade. Dr. Delaney practices in Florence, Ky.

1853. Drs. Samuel Alexander and M. T. Carey. Dr. Alexander is dead, and Dr. Carey is an active Cincinnati practitioner.

1854. Drs. C. N. Wolfe and Henry T. Koehne.

1855. Drs. R. L. Rea and Charles Thornton. Dr. Rea is Professor of Anatomy in Rush Medical College Chicago, and Dr. Thornton is dead.

1856 Drs. W. S. Moore, R. D. Hobday and E. C. Sharp.

1857. Drs. Wm. Hays, N. J. Sawyer, and J. J. Rooker. Dr. Hays died a short time since in Covington, and Dr. Rooker is a frequent contributor to this journal and resides in Castleton, Indiana.

1858. Drs. W. H. Taylor, Thos. H. Kearney, and John Rapp.

Dr. Rapp is dead. Dr. Kearney has served during the war with credit, and is now regarded as one of the cultivated physicians of this city. Dr. Taylor, now abroad, is one of our best known physicians, Professor in Miami Medical College, and one of the Hospital Staff.

1859. Drs. J. M. Study, and B. F. Miller. Dr. Study served with honor during the war, and died about its close. Dr. Miller is one of the rising doctors of this city.

1860. Drs. J. S. Billings, Robert Boyle, and Aug. Hoeltge. Dr. Billings went into the regular army, and is now on duty as assistant surgeon in the Surgeon-General's office at Washington. Dr. Hoeltge is one of our rising doctors also.

1861. Drs. Andrew Baxter, Henry Eversman, and Thomas J. Karber.

1862. George S. Courtright, N. H. Fisher, and D. D. Bramble:

For two orthree years, at this period of the Hospital history, we find matters pertaining to the residents very much at "sixes and sevens." The war opened up a wide and attractive field for young men. Dr. Courtright resigned before the end of his year, and Dr. Bramble served in the latter part of the winter of 1862—1863. but we do not have the precise dates

1863. W. Q. Insley, Jas. W. Vandervoort—Aug. Hoeltge and W. H. Bunker. Drs. Insley and Vandervoort remained only a part of the year. Dr. Bunker, we think, served during the latter part of the year, and Dr. Hoeltge served from the summer of 1863 to the summer of 1864. We also have a faint remembrance that Dr. Will. Commons was on duty part of this year.

1864. Chas. O. Wright, and A. H. Underwood. Dr. Underwood went home sick at the end of a month, and did not return. Dr. Hoeltge continued on duty during the first half of the year as assistant to Dr. Wright, and Warren R. Woodward, then under-graduate, succeeded Dr. Hoeltge.

1865. Drs. J. C. Mackenzie, Roland, Trush, and Hixson were all on duty; Drs. Woodward and Neilson, both under-graduates, assisting. Dr. Mackenzie continued as Chief Resident for two years, 1865 and 1866; Drs. Trush and Hixson being appointed for a short time, latter part of the winter of 1865—1866.

1866. Dr. Mackenzie, chief; Drs. J. L. Neilson, J. L. Cilley, and A. G. Craig, assistants.

1867. J. T. Whittaker, chief; A. Courtright, C. P. Judkins, W. K. Perrine, and A. Guthrie.

1868. A. Guthrie, chief; M. B. Kellar, F. Gundrum, J. L. Cleveland, S. Jepson.

1869. Finally we have the appointments of the present year, just entered on duty. S. W. Anderson, J. L. Quinn, H. Illovy, J. B. Ritchey, James W. Dawson and W. W. Vinnedge. We trust these gentlemen will look back to their long line of illustrious predecessors, and earnestly work to do them credit.

It is very possible we may have made omissions, or, perhaps, overlooked the precise order, in some respects. Such as it is, however, we think our readers interested in the Hospital will read it with pleasure; and we will thank our friends for a notice of any material mistake.

COMMUNICATION FROM DR. MCILVAINE.—We have also been favored with the following scrap of history from Dr. R. R. McIlvaine in regard to the attempted sale and diversion of the hospital lot. It will be observed that he attributes to Hon. W. M. Corry the credit of forestalling that plan, but it will only be fair to recognise the labors of Dr. M. himself, in the same direction.

“Previous to 1855, there was already considerable agitation of plans for a new hospital edifice, the old one even then being admitted to be a disgrace to the city. There were, however, many persons, prominent in city affairs, who really desired the removal of the hospital outside of the city limits, as the House of Refuge and Infirmary. January, 1855, the project was broached by controlling gentlemen of the City Council, that a strip of the hospital lot, its entire Central Avenue front, be sold under pretext of purchasing the Twelfth street burying-ground, now known as Washington Park, as a more suitable location for the future hospital. A committee was appointed from Council to take this scheme into consideration, consisting of J. B. Holmes, B. Eggleston, Jer. Kiersted, Thos. Bodley and, perhaps others.

Feb. 17, 1855, This committee advised the sale of this strip of 90 feet deep with a 15 foot alley in the rear, payments on time to be granted. March 26 and April 6, the sales of this strip of lots was made. At the spring election of this year Dr. Tom O. Edwards was returned to Council, a gentleman something prominent in the subsequent legislation of that body.

The matter of the sale now rested for a time, though during all this time Council seemed to regard themselves as absolute in ownership and control of the hospital property, nor so far as

I am advised, did the City Infirmary make any protest against this sale, or attempt to arrest it.

In the autumn of 1855, Wm. M. Corry was elected a member of the Ohio Legislature from this county, taking his seat in January, 1856. At this state of affairs, those of us, who had passed through the local struggles of 1853, for the welfare of the Hospital, now came to feel that the prospect was very gloomy, especially in view of the fact that the President of the Council was one of the most prominent, formidable, and perhaps unscrupulous of those opposed to the idea of "liberalizing" the Hospital.

I now began to reflect as to the best course to pursue. I held conversations with both the Deans of the Miami Medical College and the Ohio, neither of whom were willing to take any present active part in the matter, fearing the stirring up of fresh agitation and professional discord. Outside members of the profession, however, were anxious to do something to preserve the property not only intact, but, as I then proposed, to extend it, as has since been done, to Ann street.

Dr. John L. Vattier, then an active member of the Board of Trustees of the Medical College of Ohio, communicated with me freely, and I explained to him my plans, which he approved. His position at that time of Postmaster, made it difficult to leave the city, but he promised to write to friends at Columbus, or visit there, if necessary. I visited Columbus March 6th, 1856, and it may be observed here that I paid my own expenses; nor did I go as a "dead-head," therefore in this, I think, I may claim that my work was a disinterested one, and strictly an individual effort. I represented no clique, no ring, no Board of Trustees. "The Trustees of the Ohio Medical College had paid out of the funds of that Institution \$878 to Dr. T. O. Edwards for his expenses to Columbus, for the purpose of securing a ten years term of office to the Trustees, and \$70 to Dr. Knapp for the same purpose; and they claimed by right not only the control of the college, but of the hospital also." (See *Dr. M. B. Wright's Speech*, Aug. 24, 1853.) It will be thought strange by some, that they entered no protest against this laying of violent hands on the Hospital lot, which had been consecrated to eleemosynary purposes since 1821, in view of the fact that they claimed to be the legal guardians, not only of the college property on sixth street, but also this hospital property and appurtenances. On my arrival at Columbus, I found Hon. Wm. M. Corry, a ready listener to my details, and

he at once agreed to act in concert with those who desired to save this property for the poor and unfortunate. On the 20th of March, then, he introduced a resolution into the Legislature of Ohio, directing the Attorney General of Ohio, Mr. Kimball, to inquire into the sale of the Hospital lot in Cincinnati. By some mistake the resolution was worded as though the sale was *about to be*, not *had been*. But, at any rate, the Attorney General visited Cincinnati during the latter part of the month, and on his return, made an elaborate report, from which I select the following paragraph:

"To hold that the city of Cincinnati may sell and convey any part of this lot is to concede the right to sell the whole, and thus destroy the object for which the State contributed its money."

The whole tenor of the report being adverse to the schemes of the City Council. This report appears to have served as a quietus to any further disposition of the property. Hence, about the 28th of September, 1859, three years after the sale, we find Mr. Hollister, of the City Council, was appointed, with others, as a Committee of *Adjustment*, refunding the money paid by the purchasers of these lots, and receiving the surrender of their deeds. The amount accruing from the entire sale on the two days in March and April 1855 was \$71,355 50.

I have thus briefly, Mr. Editor, revived this scrap of Hospital history, believing that it is only just to all concerned, that it should be placed on permanent record, for future reference and information, especially in view of the fact, that for some reason, no allusion was made, either in whole or in part, to any of these facts in the historical remarks made at the recent opening of the new Hospital.

It will also be recalled with interest that it was owing to the disinterested promptness of Mr. Corry, that the hospital lot was preserved, and the designs of parties, having an eye to its unholy diversion, frustrated; entitling him to the thanks of the profession, and the gratitude of the unfortunate for all time.

I regret that it seems necessary to speak so specially of my personal connection with this matter, but I desired to give the facts precisely as they occurred. Hereafter I may give the details with more minuteness."

R. R. M.

THE AMERICAN MEDICAL ASSOCIATION.—The Twentieth Annual Session will be held in the city of New Orleans, La. May 4, 1869. A very large number of gentlemen are announced to make reports. We have not the space to give the list, besides many of them never expect to report, and it would be of little moment if they did. There will, however, be enough of that sort of thing; and in various respects the meeting will undoubtedly be of importance and interest.

We already learn, by correspondence, that very many physicians with their wives will be in attendance, from Ohio and Indiana. For their further information we append the following letters, which sufficiently explain themselves:

Meeting at New Orleans, Tuesday, May 4th, 1869.

I am authorized by the Atlantic and Mississippi Steamship Co., of St. Louis, to say, that they will carry doctors and their ladies to attend the meeting of the Association, at the following rates, viz:

From St. Louis to New Orleans, each Passenger.....	\$20 00
“ Cairo “ “ “ “	18 00
“ Memphis “ “ “ “	15 00
Returning,	
From New Orleans to Memphis, each Passenger.....	\$15 00
“ “ “ Cairo, “ “	18 00
“ “ “ St. Louis, “ “	20 00

The Company start a first class steamer from St. Louis every forty-eight hours. Sundays included; and the usual time from St. Louis to New Orleans is about six days, and from Cairo to New Orleans, about four and a half days. Passengers can go on any of their boats at the above rates, which includes meals and state-rooms.

The steamer which will, however, take down the great body of the doctors wishing to travel by the river, will leave St. Louis at 5 o'clock, P. M., on Wednesday, the 28th of April; Cairo on Thursday evening, after the arrival of the afternoon train on the Illinois Central Railroad; and Memphis on Friday evening, reaching New Orleans from Monday noon to Tuesday morning.

Parties arriving by railroad, to take this boat, at either St. Louis, Cairo, or Memphis, had better make their calculations to reach the point of embarkation at least one train in advance of

the time of the boat's departure; but if any one should arrive at Cairo or Memphis too late for this boat, he will find one or more boats passing for New Orleans every day, at ordinary fare.

It was deemed best to make the arrangements for a definite fare each way, so that one can go either down or up, or both, as he may choose, by the river, and know in advance just what he will have to pay.

To avail himself of this boat, one may apply on board, making it known that he is on his way to attend the Association, or, perhaps better, write me a line as early as convenient, stating how many ladies, if any, will accompany him.

Good steamers also leave Louisville for New Orleans every two or three days, occupying from six to seven days in the passage down. If a considerable number of doctors should wish to take passage from Louisville, and would make application in a body to E. T. Sturgeon, Supt. Louisville & New Orleans Packet Co., at Louisville, or the Captain of a steamer, starting at the proper time, he would probably give them a liberal reduction from the ordinary fare, which varies from thirty to forty dollars, according to the style and accommodation of the boat.

From Cincinnati no suitable boat can be taken through to New Orleans; but the Cincinnati & Louisville U. S. Mail Line will take one going to the Association, from Cincinnati to Louisville on one of their fine boats, and from thence to New Orleans by rail, for forty dollars, and return him on the same route to Cincinnati free. Two Mail Boats leave Cincinnati every day, at 12 M. and 6 o'clock P. M., except Sundays, one at 12 M. I am not advised as to what arrangements have been made with other railroads.

JAMES F. HIBBERD, M. D.,
Richmond, Ind.

ST. JAMES HOTEL, CINCINNATI, March 23d, 1869.

EDITOR LANCET AND OBSERVER: As one of the Sub-Committee of Arrangements for the next meeting of the American Medical Association, I am pleased to be able to inform you, that we have succeeded in inducing all the railroads of my State (Kentucky) to grant half fare (full fare going, free return tickets) to delegates to the Association, *excepting the Kentucky Central Railroad*. These roads include the Louisville Cincinnati & Lexington, Louisville & Nashville, Louisville & Memphis, and

Ohio & Mobile. Just before leaving Danville, I received a letter from the General Transportation Agent of the Louisville & Nashville Road, in which he told me, that he had effected arrangements with all the roads south of Nashville, by which *through half-fare tickets from Louisville to New Orleans* would be issued by the L. & N. Road.

A brief announcement of the above facts will, doubtless, be agreeable to many members who can not spare the time to go by boat from Cairo, in accordance with Dr. Hibberd's arrangement.

Yours Respectfully,

JOHN D. JACKSON.

PROF. CLENDENIN'S VALEDICTORY ADDRESS.—The class of the Miami Medical College called a meeting immediately after the close of the commencement exercises, and invited Prof. Stevens to preside. On motion it was directed that Drs. Davis, Quinn, Todd, Lamb and Lambert be a Committee, to request of Prof. Clendenin a copy of his address for publication in the *Lancet and Observer*. We have received the correspondence, Prof. Clendenin's assent, and the manuscript, all too late to use in the present number. We hope to lay the address before our readers, with several other valuable articles, next month.

CINCINNATI HOSPITAL.—After a spirited competition, Drs. J. L. Quinn, J. B. Ritchey, Jas. W. Dawson and H. Illovy, of the Miami Medical College class, and S. W. Anderson and W. W. Vinnedge, of the Ohio College class, were elected by the Staff Resident Physicians for the Hospital. It will thus be seen that there are now *six places of honor*, as rewards of merit for medical scholarship, held out in this Institution. Three of these, by present arrangement, are to continue over two years, and three for one year.

ST. LUKE.—Dr. J. M. Spear, of the Miami Graduating Class, has been appointed Resident Physician of this Hospital for this year.

GOOD SAMARITAN.—Drs. Elijah de Courcey and H. C. Ruter, of the Ohio Graduating Class, are appointed to this Hospital.

MEDICAL STUDENTS IN THE CITY.—There are an unusual number of medical students in attendance on the present lectures of this city, hospital and colleges. The Miami College has the largest spring course attendance we have yet seen any year heretofore.

HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE.—Part III, January, 1869.—This compend of Drs. Butler and Brinton, appears at last, and well repays the waiting. We regard it as the best of the series thus far; and it certainly exhibits a vast amount of labor and judicious research. We note the fact, that every American journal, of any character, has been made to contribute to part third. Price \$3 a year, or *Lancet and Observer* and *Compend* \$5.

LETTER FROM DR. WHITTAKER.—Just as these last pages are going to press, we receive another of those capital letters from our friend Whittaker. He and Prof. Taylor are now both busy at work in Vienna. Of course, to our regret, the letter must wait till next month.

DR. CHARTERS' ADDRESS.—We have received an excellent address by Prof. W. M. Charters, of Savannah, delivered in Augusta April 8, 1868, as *Retiring President* of the Georgia State Medical Society. Dr. Charters was, many years ago, one of the prominent physicians of Southern Ohio. He subsequently took up his abode in Savannah, and is now one of the Faculty of the Savannah Medical College. It is one of the hopeful signs of the times, that so much earnest attention is directed by medical teachers to the purpose of *thoroughness* in the education of physicians. Prof. Charters has selected for the topic of this elegant address, "Education preparatory to the study of Medicine." We hope to live long enough to realize that these dreams of greater excellence in our profession are not Utopian.

NEW YORK STATE MEDICAL SOCIETY.—At the recent meeting in February, a very considerable amount of important business was transacted; the sessions running through three days. Prof. James P. White, of Buffalo, was elected President.

CASWELL, HAZARD & Co.—Those interested in nice pharmaceutical preparations, will note with interest the changes in the card of this New York house. Besides the preparations to which prominence are given in the card, they include among their specialties *Iodo Ferrated Cod Liver Oil*, *Cod Liver Oil* with Iodine, Phosphorus and Bromine, and *Juniper Tar Soap*. See advertisement.

FLORICULTURE.—About these days many of our friends, who have ground to employ in this pleasant way, will be maturing their plans for their spring display of flowers. To such we commend *Vick's Illustrated Catalogue and Floral Guide*. It gives a great deal of useful information about flowers, seeds, bulbs, vines, etc., and is, in itself, really an ornamental book. For a copy address James Vick, of Rochester, New York, and inclose ten cents.

WANTED.—We are short of the numbers for February and April, 1868; also of *Western Lancet*, September number of 1845. We will be glad to pay first cost for copies.

MONEY!—We sincerely THANK THOSE FRIENDS who have PROMPTLY responded to our MODEST DUN. To those still in ARREARS we have only to say, that MONEY is ALMOST as necessary as BRAINS to the SUCCESSFUL working of a MEDICAL JOURNAL. So continue to FORWARD the SINEWS.

Reviews and Notices of Books.

The Dynamics, Principles and Philosophy of Organic Life; an effort to obtain definite conceptions of how medicines produce their effects. A Valedictory Address delivered to the Muskingum County Medical Society, Zanesville, Ohio, May 6th, 1868. By Z. C. McElroy, M. D., President.

This address is a carefully matured, carefully thought paper. Its views put into formal expression ideas, we presume, that have been passing more or less definitely through the minds of thinking practitioners for a long time—how do medicines produce their effects? In this effort at a solution of so important a question a variety of points are presented; but to do justice to the essay and its train of argument, we should almost of necessity require to reproduce it, so condensed is the expression of the views presented.

The key note of the author's idea, however, is in this, that we have two leading processes of organic life, *nutrition and oxidation*. These not being exactly antagonistic, but having for the continuance of life in the individual, the necessity for a certain integrity of mutual relationship. Disease, on the other hand, is simply the perversion of these important vital processes; that is to say, disease is a modification of nutrition, simply affected by the character of the tissue involved, or the structure and function.

So, then, we come to have medicines considered with reference to their influence as *promoters* or *retarders* of nutrition or of oxidation, or whether they promote constructive changes or destructive changes. These two great heads would then be naturally subdivided into a wide range of groups, according to the kind of structure involved.

Bearing upon the views of this essay, Dr. M. takes into consideration a variety of interesting topics, enforcing and explaining the positions above expressed. For example, the dual life of man, his voluntary and involuntary actions; and associated herewith, the periods of intermission or rest of the voluntary functions, and the partial remission only of the conservative.

He gives a beautiful simile of the crystalization of water into ice, as illustrative of the transformation of the liquor sanguis into tissue; naturally, of course, the argument is, that medicines may act either to retard or promote this process of constructive change. Other interesting illustrations are given in the simile of the telegraphic battery and the action of the brain, of the process of photography, and the sense of vision.

Finally, several drugs are traced from their entrance into the system to their final action and elimination, showing the true harmony of their medicinal effects, with the explanation given by Dr. McElroy.

We have been greatly interested in the reading of this essay. It is true in many particulars; but in saying so, we can not detract from our old time convictions, that after all we have no complete explanation of the actions of medicines so entirely satisfactory and philosophical as is given by Mr. Headland; but readers will study this address with interest and profit. Those desiring a copy may address the author at Zanesville.

Clinical Lectures on Diseases of the Urinary Organs, delivered at University College Hospital by Sir Henry Thompson; with illustrations. Philadelphia: Henry C. Lea, 1869.

This little volume contains twelve lectures upon some of the most important diseases of the urinary organs, as for example, stricture, hypertrophy of the prostate, retention of urine, stone in the bladder, with lithotomy and lithotrity, cystitis and various diseases of the bladder. These lectures originally delivered in University College Hospital, were fully reported in short hand, and published in the *London Lancet*. They are now collected and presented in the form of this small volume of connected lectures. With such an origin they naturally retain much of their original freshness and familiarity of style incident to their extempore delivery in conversational teaching.

We have already enumerated most of the topics treated, and have only to add, that the surgeon interested in this group of affections, will find much in the teachings of Sir Henry to instruct and interest. For sale by Robt. Clarke & Co. Price, \$2.25.

Essentials of the Principles and Practice of Medicine, a hand-book for students and practitioners. By Henry Hartshorne, M. D., Prof. of Hygiene, etc., in the University of Pennsylvania. Second edition revised.

A Conspectus of the Medical Sciences, comprising manuals on Anatomy, Physiology, Chemistry, Materia Medica, Practice, Surgery and Obstetrics. For the use of students. By the same author.

The first edition of the first of these manuals we had the pleasure of noticing less than two years ago. It has made a good impression on the profession, and we are glad to see that a new edition is called for so soon.

The Conspectus is simply one of those aids to cramming, that are so popular in student days. It is a condensed and well-arranged summary of the several leading departments of medicine, giving in clear order and brief expression the most important facts as accepted and understood. Students will be glad to avail themselves of these books. For sale by Blanchard & Co. Price, Essentials \$2.38, Conspectus \$5.25.

Pathological Anatomy of the Female Sexual Organs. By Julius M. Klob, M. D., Professor at the University of Vienna. New York: William Wood & Co., 1868.

This valuable contribution to the department of Gynecology by Prof. Klob, has been carefully translated by Dr. Kammerer, of the German Hospital and Dispensary of New York, and Prof. B. F. Dawson. It is not so stated, but we infer that the work is still incomplete, for the volume before us only embraces a consideration of the *affections of the uterus*. It may, therefore, be regarded as Vol. I. of a series.

We have in this volume the study of various anomalies, excess in development, arrests of development; then congenital anomalies of form, as obliquity, etc. The philosophy of various misplacements are considered in order and detail; adventitious growths, as fibroid, polypoid, canceroid, etc.; such puerperal affections, as metritis and endo-metritis, thrombosis, introduction of air into the veins, hemorrhage of lying in women. Such varied and important topics treated in the searching manner of Prof. Klob will render this book eagerly sought for by the largely increasing class of practitioners, who now devote so large a share of attention to this important branch of our profession. For sale by Robert Clarke & Co.

Obituary.

DEATH OF DR. WILLIAM HAYS.—At a meeting of the Covington and Newport Medical Society, held this day at the residence of Dr. Pretlow, the death of Dr. William Hays was announced.

Whereupon a committee, consisting of Drs. T. N. Wise, Henderson and Jessup, was appointed to draft resolutions expressive of the sense of the Society in regard to the sad event. The committee reported the following :

WHEREAS, It has pleased Almighty God in the wise dispensation of His providence, to take from among us our friend and co-laborer, Dr. Wm. Hays, in the morning of his professional usefulness. Therefore

Resolved, That we proudly bear testimony to the calmness with which our friend met the rapid approach of the fell destroyer death, and that we are beyond measure gratified in knowing that it found him all prepared.

Resolved, That we sincerely deplore the death of our friend, who had with strong cords bound himself to our hearts by a most consistent professional deportment, and his many manly virtues.

Resolved, That in the death of Dr. Hays our profession has lost one of its brilliant ornaments, and Society a most useful member.

Resolved, That the Medical Society offers to the bereaved family of Dr. Hays our warmest and most heartfelt sympathy.

Resolved, That a copy of these resolutions be published in the city papers, and in the *Western Journal of Medicine*, the *Cincinnati Lancet and Observer*, and in the *Richmond and Louisville Medical Journal*; and that a copy also be sent to the family of the deceased.

JAMES S. WISE, *Sec'y*.

R. PRETLOW, *Pres*.

COVINGTON, KY., Feb. 9th, 1869.

DEATH OF WM. H. COPELAND, M. D.—Died, Feb. 9th. 1869, at his residence in Kent, Jefferson County, Ind., of Typhoid Pneumonia, Wm. H. Copeland, M. D., aged 37 years.

Dr. Copeland was born in Jefferson County Ind., in 1832, and commenced the practice of medicine in Kent, Ind., in 1857. He had, as he deserved, the reputation of being a diligent student, a close observer, and a careful and successful practitioner. His practice was quite large and lucrative. His kindness of heart, gentleness of manner, and close attention to the duties of his profession, endeared him to all who came in contact with him. He was a worthy member of the M. E. Church, and died in the faith of a christian. He leaves a wife and two children. May the God of the widow and fatherless comfort them and provide for them.

J. T. DAVIS.

THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D. EDITOR.

VOL. XII.

MAY, 1869.

No. 5.

Original Communications.

ART. I.—*Fibro-Cystic Tumor Attached to the Fundus of the Uterus*
—*Seventeen other Tumors in the Cavity of the Abdomen.—Gas-*
trotomy.—Death in Twenty-four Hours

By. W. W. DAWSON, M. D., Surgeon to Cincinnati Hospital.

I saw this case with Drs Elstun and Langdon first in March, 1868. Dr. Langdon furnishes me with the following history:

"Mrs. L——, aged 35 years, of nervous lymphatic temperament, the mother of two children, the youngest six years old; was taken sick May 21st, 1867. Prior to this time she had enjoyed unusually good health, never having been ill for more than a day or two at a time. Had menstruated regularly and normally up to date of her sickness. She had just passed her menstrual period, which was perhaps a little scanty, lasting only about four days, her usual time being six, when she was taken sick, as before stated, May 21st, 1867, with intense and excruciating pain in the hypogastric region, with great irritability of the bladder. There was some frequency of the pulse, but no heat of skin indicating inflammatory action. A vaginal examination found the os uteri resting behind the symphysis pubis, the fundus slightly retroverted, the os patulous, readily admitting the tip of the finger, the pain not aggravated by

pressure. The excessive pain was thought to be the result of congestion of the womb, with perhaps some slight displacement, and accordingly opiates were freely exhibited to control the pain, and hot fomentations used locally. Under this treatment she rapidly convalesced, the congestion of the womb seemed to relieve itself by the re-establishment of the menstrual flow, at about the end of the second or third week. At no time did she ever have anything amounting to a uterine hemorrhage.

After this attack she had her usual health, was at a celebration July 4th, and went about perfectly well, menstruating regularly, although, at times, there was a sense of soreness across the bowels. On October 7th, she had a second attack of this excruciating pain in the uterine region. The symptoms were similar to the first attack, although there was more evidence of local inflammatory action, the womb was somewhat enlarged, and what seemed then to be the fundus, could be felt jutting above the pubis. There was also some induration about the region of the left ovary, and it was thought to be implicated in the inflammatory action. Hot fomentations externally and opiates by enema, promptly controlled the pain; about the end of the second week, the trouble seemed to relieve itself by a sanguineous discharge, similar to that which occurred in the first attack. On the 27th she was able to ride out, although the uterine enlargement and induration in the left ovarian region still existed.

The improvement in her condition was only temporary. Soon symptoms of high local inflammatory action came on with hot skin, rapid pulse, dry tongue, and scanty secretions. There was now great pain on pressure, and the tumor seemed to about the size of the womb at the third month of pregnancy, and the induration in the left ovarian region was much increased. There was now great sympathetic irritation of the stomach, with persistent vomiting, which produced considerable prostration, and the prognosis, at one time, seemed doubtful. On this account all remedies were administered by the rectum, with good results. When she was in this condition, Dr. Mendenhall saw the case in consultation November 8th, 1867. He concurred as to the local inflammatory nature of the case, and thought it was confined principally to the posterior wall of the uterus, and left broad ligament.

From this date there was a marked improvement in her condition, and by the latter part of the next month she was able to

leave the bed, and sit up with a degree of comfort. and was at table to dinner Christmas day.

There was, however, more or less tenderness over the uterine region all the while, and at this time, the tumor projecting above the pubis, was as large as that of the fourth, or beginning of the fifth month of pregnancy, and the induration or tumor in the left ovarian region was the size of a small orange.

A steady and gradual improvement took place in her general health, and for a month or two she had her menstrual flow; but with this improvement there was no diminution in the size of the enlargement; on the contrary there was a slow but gradual increase. Iodine was tried locally, as well as internally, in combination with iron, without the slightest advantage. At this time there was scanty secretion of the urine, with an edematous condition of the feet and limbs.

The growth of the tumor, now regarded as ovarian, had been such that in March, 1868, the measurement about the waist, just above the crest of the ilium, was thirty-five inches; from the anterior-superior spine of ilium to the umbilicus, on the one side eight inches, on the other, seven and a half.

At this time she was put upon a saturated solution of chlorat. potass. (ʒss to ʒi aquae); of this a dessert-spoonful was taken four times a day. This remedy is recommended by Mr. Craig of Air, Scotland, for the cure of ovarian dropsy.

In this case it seemed to hold the disease in check, and, at one time, there was a slight diminution in the size of the tumor as shown by measurement. The urinary secretion was greatly increased, and the effusion about the feet and legs nearly removed. The remedy is well worthy a trial in all similar cases.

The tumor continuing to enlarge, and as *fluctuation* was evident, a trocar and canula was thrust into it June 21st, 1868, but failing to reach the sack, no fluid was obtained. This tapping produced no unpleasant symptoms, but as the tumor constantly increased in size, the abdominal measurement reaching 45 inches, its great weight dragging down and pressing upon other organs producing a feeling of distention, with difficulty of breathing, and a thousand aches and pains, made life itself a burden.

Relief was sought in an operation for the removal of the tumor December 17th, 1868, Dr. W. W. Dawson of Cincinnati, operating, assisted by Drs. Mussey, Carson, Kearns, Elston and others. The patient survived the operation some twenty hours."

Believing this to be essentially ovarian disease, I began the operation, but the knife soon revealed my mistake, and developed one of the most remarkable cases to be found in the annals of surgery, in fact, I have no where found its duplicate.

I made an incision from the umbilicus to the pubes, but finding the tumor large and dense, and the adhesions numerous, I extended it about three inches upwards. The tumor was about nine inches in diameter, and before attempting its evacuation I broke up the adhesions between it and the omentum and the abdominal walls. In elevating the mass to get at the pedicle, its walls gave way at one point, and about one gallon of serum escaped. The pedicle was one inch and a half long, and one inch and a quarter in diameter, and sprung directly from the fundus of the uterus; it was ligated by a double ligature. A heavy membrane attached the tumor to the right broad ligament; this was also secured by ligation. After removing this large mass, another of the same character was found lying in the right iliac fossa, and extending up into the lumbar region. It was about ten inches long and four inches in diameter, and tapered toward each extremity. This tumor literally had no attachment except a mere filmy, adventitious membrane, which extended over to the left broad ligament. After lifting this from its bed, seventeen others, varying in size from a hazel-nut to a goose-egg were removed. Some of them were attached to the omentum, some to the mesentery, others to the walls of the abdomen, whilst two or three small ones were detached from the walls of the pelvis. All of them except one, which was firmly adherent to the omentum, were held in position by the same delicate false membranes. The reader can scarcely conceive of the fragile character of these membranes, and the little force which it required to sever them.

The tumors were essentially fibrous. the principal one with two others next in size, were fibro-cystic, the remainder were solid fibrous masses without cavities. The cavity in the great tumor was large, rough and irregular, and contained besides the gallon of fluid already spoken of, *a large quantity of ragged, half decomposed fibrine*. It was this fluid which gave me the fluctuation, an element in the diagnosis which had much weight in leading me to believe the disease to be ovarian. Hanging from the wall of one of the medium sized tumors was a hydatid, about three quarters of an inch in diameter. The cavity in great tumor was

hardly cystic in the true sense of the word, but in the two smaller ones the cavities were essentially so, being lined by a smooth membrane, and filled with serum.

AUTOPSY. *Condition of the Uterus.*—After the death of the patient, the uterus was examined and found to be *normal in shape and size, and its cavity of the usual depth.* The tumor was attached to its fundus, and although the abdominal cavity was strewn with false membranes, this organ was free from any connection with them. I had, by exploration previous to the operation, assured myself of its position. I had found it at proper depth from the vulva, but crowded against the pubis by the tumor, and the sound gave two inches and a half as the length of its cavity. I would again state the remarkable fact *that the uterus was in a normal condition in size, shape and position,* although this immense tumor was continuous with, and attached to its fundus.

The reasons which induced me to regard this as ovarian disease.

1. *The size of the abdomen, and its gradual enlargement.*—Uterine growths seldom certainly reach an abdominal circumference of forty-five inches.

2. *The varied consistence of the swelling.*—The density at one point being greater than at another, in this respect resembling a multilocular ovarian tumor, where some of the cysts are filled with serum, others with jelly-like matter, others, again, with material still more dense, and in which the walls and septae are often thick and fleshy.

3. *Fluctuation* was always evident over parts of the abdominal surface, and was distinct through the vagina at the time when I first saw the case in March, and again in June, though at my last examination, a few days previous to the operation, I could not detect through the vagina the peculiar impulse so well marked on the two previous occasions.

4. *Tapping.*—Although no fluid followed the trochar I felt confident that it was present. If a cavity filled with jelly-like substance had been entered, there would of course be no discharge. Often the cavities of multilocular growth are occupied by material too dense to flow through a canula. The post mortem showed that the instrument entered the solid portion of the tumor, but did not proceed far enough to reach the fluid.

5. *There had been no uterine hemorrhage.*—Menstruation had been comparatively undisturbed: This is the case where but one ova-

ry is affected. In uterine tumors, especially the mural and sub-mucous varieties, the menstruation is greatly disordered, and uterine hemorrhage very frequent.

6. *Uterus*.—The position of the uterus was normal, except that the tumor, resting on the brim of the pelvis, had crowded it to the symphysis. This latter fact accounted for the immobility of the organ. The sound showed that there was *no increased length of the uterine cavity*, nor was there the early hardness which usually characterizes fibroids. Tubular souffle was absent. In this connection I may, however, say that the uterus, so far as its position is concerned, is unreliable as an element of diagnosis, both in ovarian and in uterine diseases; in either it may be in reach, or it may be lifted out of the vagina by the ascending tumor. *Even the depth of its cavity is indecisive.* Dr. C. F. H. Routh (Obstetrical Transactions, London, 1867,) reports two cases of ovarian disease, in one of which the uterine cavity measured six inches, in the other the depth was greater. Such facts show the difficulty, aye, the almost impossibility, of making in some cases a definite diagnosis.

There was but one point in the history of this case which suggested uterine involvement, and that was the median position of the tumor when first noticed. This was far from conclusive in the absence of all other characteristic signs, and especially so when I remembered that Dr. Bright (New Sydenham Society, 1859,) had said, that "the growth of this tumor (ovarian) is on some occasions so unperceived, that, though it might have originated on one side, it has already risen into the pubic, and even the umbilical region; and when the medical man is first consulted, its *lateral origin is with difficulty ascertained.*" Again, the ovaries are not firmly attached, the tumor often by mere force of gravity falls over into the pelvis, and may be there found in the median line when first observed.

What was the origin of these seventeen floating tumors? Rokitsky (*Pathological Anatomy*, Vol. II, page 222,) in discussing somewhat the same question, remarks: "We must here advert to a circumstance that is not of very rare occurrence, viz: we sometimes find a fibroid tumor in the pelvic cavity, and generally in Douglas' space without any further connection with the uterus, except by means of cellular cords or laminæ of new formation (false membranes), which pass from the tumor to the uterus and its appendages, to the pelvic walls, the rectum, etc. The question

presents itself, which is the original point of development of such fibroid tumors? They are generally tumors which have originally been developed under the uterine peritoneum, and, after having become entangled in a network of pseudo-membranous formations resulting from the peritonitis they have excited, are gradually detached from the uterus. Occasionally, however, they may have been developed within the false membranes themselves, which is the more probable, if we consider that the new tissue, as it proceeds from the uterine peritoneum, participates in the character of the subserous uterine cellular tissue. Hence, it is extremely likely that we really see very small fibroid tumors occasionally develop in this new tissue. To these fibroid tumors, the loose fibrous concretions, which are sometimes found in the pelvic cavity, are allied; they must be considered as fibroid tumors of the uterus, which have become detached in consequence of atrophy of peduncle."

This theory of Rokitansky will not account for the seventeen floating fibroids in my case, for the uterus was in a state of positive integrity, except at its fundus, to which the pedicle of the great fibro-cystic was attached. This great tumor may, however, have been proliferous, may have thrown off the lesser ones found in the abdominal cavity. This is rendered probable from the fact, that its surface was in some parts nodulated, and to it also were attached, by adventitious tissue, two or three small tumors:

Upon this subject Grailey Hewitt (*Diseases of Women*, page 550,) says: "A very curious feature in the history of these sub-peritoneal tumors is, that the pedicle is sometimes torn across, and the mass entirely separated from the uterus, while the tumor itself becomes fixed to, and grows on some other part of the peritoneal surface. This transplantation of fibroid tumors has been observed in several cases. It appears to be produced by the tumor becoming adherent elsewhere; the pedicle becomes stretched in consequence of the motions of the uterus and intestines, and finally gives way.

Here it must be mentioned that fibroid growths are sometimes found connected with the peritoneum in the vicinity of the uterus, which have an origin independent of the uterus altogether. These must not be confounded with transported fibroid tumors of the uterus. It appears that growths in no way distinguishable by their microscopic characters from uterine fibroid tumors, may originate in the position above indicated. Mr. Paget observes,

that they are probably limited to those parts in which fibrous and smooth muscular tissue, like that of the uterus, extends; that is to say, the utero-rectal and utero-vesical folds of the broad ligament. Muscular fibres lying under the peritoneum covering the uterus, broad ligaments and ovaries, and serving certain important purposes in the process of ovulation, exist in the positions mentioned by Mr. Paget, as those in which fibroid tumors may originate. It is likely that the fibroid tumors of the ovaries, which are extremely rare, belong really to the category now under consideration; and that they originate in the muscular layer under the peritoneum, in the neighborhood of the ovary. I believe it will serve a useful purpose, if we denominate these tumors as *peri-uterine fibroid tumors*, in order to distinguish them from those actually and primarily connected with the uterus."

This solution of Mr. Paget does not apply in the case under consideration, for one of these tumors, a beautiful one the size and shape of a medium pear, was attached to the omentum. Here certainly "fibrous and smooth muscular tissue, like that of the uterus," did not extend: by transplantation, not, however, from the uterus, but from the parent tumor it may have gained its position.

In the *London Obstetrical Society's Transactions for 1866*, Dr. Bathurst Woodman reports a case (post-mortem) where there were about fifteen tumors altogether. Some "were internal, some in the walls of the uterus, and some growing out of them into the peritoneal cavity." Here we have in the same uterus the three varieties of uterine tumors, the "internal," the *submucous*, from which come the uterine polypii; those "in the walls," the *interstitial*, which give us the fibroma; those "growing out into the peritoneal cavity" are the *subperitoneal* tumors which are occasionally attached by a pedicle.

After thus closing the history of my case, I propose giving somewhat of the experience of surgeons on the two following points:

1. *Where errors in diagnosis have been made.*
2. *Where fibroids of the uterus or fibro-cystic tumors pedunculated to the uterus have been diagnosed, and their removal attempted or completed.*

One of the most recent cases which I have seen reported, may be found in the *Medical Record, New York, June 1, 1868, page 160*. The case was presented to the New York Pathological Society, by

Dr. James B. Cutter, of Newark. It was of two years standing; abdomen as large as at full term; history in reference to whether it appeared first in the iliac region or in the median line, unsatisfactory; fluctuation thought to have been detected; uterus in normal position; uterine sound introduced five inches; surface of the tumor symmetrical. It was diagnosed ovarian by Drs. Cutter, Ward, Peaslee and Emmet, the latter gentleman thought there was also a fibroid of the uterus, he based his opinion on the fact, that the uterine cavity was of so great depth. Dr. Peaslee, when he examined the case, was only able to introduce the uterine sound three inches, and it was only after the death of the patient that he learned that Dr. Emmet had reached a depth of five inches. On learning this, he is quoted as having remarked that "if Dr. Cutter had told him that the uterine sound had been passed to the distance of five inches, the question of the existence of a uterine tumor would have been cleared up in his mind at once." These two distinguished gentlemen, Drs. Peaslee and Emmet must have forgotten Dr. Routh's ovarian cases already referred to in this paper, or they would not have regarded great length of the uterine canal as positive evidence of uterine tumor. These cases both had a uterine-cavity depth of six inches. Dr. Cutter found the tumor solid, vascular and attached to the fundus of the uterus. Almost the whole of the latter organ and both ovaries, in a state of disease, were removed. The patient died in ten hours.

Mr Spencer Wells with his characteristic frankness gives, in the 43d. Vol., page 128, of the *Dublin Quarterly Journal*, a case of *Cystic Degeneration of the Kidney*, which he believed to be ovarian. His knife revealed the nature of the affection.

Dr. Routh details (*London Obstetrical Society Proceedings*, 1867,) a case of *fibro cystic tumor of the uterus*, mistaken for ovarian, the operation abandoned, death in thirty-four hours. All the usual symptoms of uterine disease were absent. Sir Wm. Fergusson and Dr. Savage endorsed the diagnosis of Dr. Routh, but Dr. Greenhalgh dissented. He believed that the uterus was involved. The post-mortem showed that he was correct.

In his work (*Diseases of the Ovaries*) Spencer Wells gives two cases of *fibro cystic disease of the uterus*, which he supposed to be ovarian dropsy, and in which he made an abdominal section. Death resulted in both.

Dr. W. L. Atlee, in the *American Journal of the Medical Sciences* for April, 1845, gives a case which he diagnosed as ovarian, but which proved to be a fibrous tumor attached to the uterus, by a pedicle two inches long and one and a half inches in diameter. Dr. A. removed the tumor by gastrotomy. His patient recovered.

Dr. J. Deane, (*Boston Medical and Surgical Journal*, October 11, 1848.) reports a case, where, instead of finding an enlarged ovary, he encountered a "tumor which embraced the entire left half of the uterus." The operation was abandoned, and the patient recovered. He says: "the propriety of abandoning the operation was fully justified by subsequent events, for the constitutional disturbances that ensued were severe and threatening. These were due to two distinct causes, the *inspiration of chloroform* and structural injury." This charge against chloroform will surprise and amuse the practitioner of to-day.

Dr. John M. Boyd (*American Journal of the Medical Sciences* 1857,) reports a case of "extirpation of the uterus and its appendages," in which, previous to the operation, "the diagnosis was not well made out." Patient recovered.

That distinguished surgeon, Prof. Chas. A. Pope, in the *St. Louis Medical and Surgical Journal*, 1866, records a case in which by abdominal incision, he removed the uterus and both ovaries. In conclusion he says, "in reviewing the case, I must say that had I foreseen its exact nature and difficulties I certainly would not have operated. But how impossible is it, even for the most experienced, to foretell all the complications of such and similar cases." Death in three hours.

Dr. Alexander Dunlap, the eminent Ohio Ovariologist, in his report on Ovariectomy, (*Transactions of the Ohio State Medical Society*, 1868,) gives a case in which the tumor was attached to the fallopian tubes and uterus. The patient died from hemorrhage. In defining a rule for the guidance of the surgeon in these abdominal growths, Dr. Dunlap says: "I would reject all solid tumors as unsafe for an operation, on account of the uncertainty as to the size of the pedicle."

Dr. E. Krakowizer performed gastrotomy for what he conceived to be "a simple ovarian tumor, about the size of a child's head, two years old." The uterus was in proper position, and mobile, and its cavity of normal length, but he found the tumor occupying its posterior wall. He ligated both fallopian tubes, and

then divided the uterus near the cervix, with the ecraseur. The ecraseur was three-quarters of an hour in accomplishing its work, "but as soon as the stump was liberated, the whole field of the operation was deluged with blood." Death in less than 24 hours. (*Medical Record*, N. Y., 1867.)

Henry Lee, in his "Analysis of cases of Ovariectomy," *Medico-Chirurgical Transactions*, London, 1851, makes the following record:

In 1823, Mr. John Lizars, of Edinburgh, made a long incision through the abdominal parietes of a woman, aged 27, who in the opinion of some of the most experienced physicians in that city, was afflicted with ovarian disease, but the symptoms were produced by obesity, and distension of the intestines, and there was no ovarian cyst or tumor found present to remove on laying open the abdomen. This patient did not die from the operation. * * In 1826, Mr. Lizars repeated the operation, but he encountered a vascular tumor, (uterine no doubt, W. W. D.,) which could not be removed. * * In 1827, Dr. Granville repeated the operation, but there was no ovarian tumor to remove. Some time after this, it was proposed again to perform the operation, but the consent of the patient could not be obtained, and she died some years after under the care of Dr. Scott of Stratton street. Both ovaria were sound, and the enlargement arose from a great vascular tumor imbedded in the walls of the uterus."

From the *Biennial Retrospect of the Sydenham Society* I take the following cases: "In one of five cases of Ovariectomy reported by Mr. Nunnally, the tumor after removal was examined by Dr. Gailley Hewitt and Mr. Wells. They reported that it was uterine, although Mr. Nunnally says that all who were present at the operation were of opinion that it was ovarian. The patient recovered."

In the North Staffordshire Infirmary "a fibro-cystic tumor of the uterus was operated upon in mistake for ovarian disease. It is stated, that the uterus felt normal by the vagina. The removal of the tumor was not attempted. The patient died in fifty-three hours of peritonitis."

"A uterine tumor removed by mistake for a tumor of the ovary, by T. Holmes, (*Pathol. Trans.*, XVII., 1856). The tumor was of large size, and had grown very rapidly, and had yielded fluid on tapping. The patient died shortly after the operation."

Where fibroids of the uterus or fibro-cystic tumors pedunculated to the uterus have been diagnosed, and their removal attempted or completed. The *Med. Times and Gazette*, for Feb. 27, 1869, says: "M. Koeberle of Strasburg, communicated to the Academie de Medicine a case

of fibro-cystic tumor of the uterus weighing $14\frac{1}{2}$ kellogrammes, which he removed in August, 1868. The case, he said, was especially remarkable on account of the exactitude of the diagnosis, and the exceptional difficulty of the operation, notwithstanding which, complete recovery took place. Fibro-cystic tumors of the uterus, he remarks, have been rarely observed, and their diagnosis has been, to the present time, regarded as impossible. There are but fourteen on record, two of which were only recognized after death, and had not given rise to surgical interference. M. Koeberle's case is in fact the only one in which the diagnosis has been determined prior to an operation. The others were mistaken for ovarian disease. The cases, then, upon which operations have been performed, are twelve in number. In four instances the operation was left unfinished, and three of the patients died, one, in whom only a simple exploratory incision had been made, recovering. In eight cases the operation was completed, and four of these recovered, including the case now recorded, and four terminated fatally."

Dr. James B. Cutter (*Medical Record*, New York, Oct. 15, 1868,) gives the history, diagnosis of and operation upon a fibroma of the uterus. All the symptoms characterizing this form of disease were present. The uterus close to the neck was removed by the ceraseur, but little blood was lost. Death on the third day from exhaustion.

Dr. Wm. Warren Greene cut down on a fibro-mural tumor of the uterus in a woman clamorous for an operation. The adhesions to the pelvic walls were so great, that no attempt at the extraction of the tumor was made; the incision was closed. The patient survived the operation, and was in better health afterward, although the size of the uterus was not diminished. (*Boston Med. and Surg. Journal*, Jan., 1868).

Spencer Wells in 1863 attempted to remove a large submucous fibrous tumor of the uterus, by "a sort of Cæsarian section"—"Gastro-Hysterotomy," as he termed it. The tumor weighed 17 pounds. Death in four hours.

Dr. Thomas Wood reports in the *Cincinnati Lancet and Observer*, for January, 1867, an operation which he performed for fibrous enlargement of the uterus. The case bid fair for recovery, but finally succumbed.

In 1844, Dr. W. L. Atlee diagnosed and excised a fibroma of the uterus by the "large peritoneal section." The tumor was

found to be almost sessile on the right side of the uterus. The patient had a rapid and permanent recovery. *American Journal of the Medical Sciences*, 1844.

Dr. Kimball, of Lowell, Mass., operated in 1853 for the removal of a fibrous tumor; operation abandoned; death in twelve days, (*American Journal of the Medical Sciences*.)

In this review of cases I have not included those collected by the learned and accomplished Dr. H. R. Storer, and so well presented by him in the *Amer. Journ. of the Med. Sciences*, for 1866, and in the *New York Med. Record*, Vol. I., page 385. Dr. S. has given thirty-one cases in which the uterus was extirpated for non-malignant disease. Dr. Thos. Woods' case, already referred to, increases the number to thirty-two. Of these twenty-five died. Some of these cases were attacked as uterine, others, the larger number, however, were encountered in the belief that the disease was ovarian.

ART. II.—*Operation for Femoral Hernia.—Omentum and bowels both, Involved—Omentum not Returned—Recovery.*

By J. TAYLOR BRADFORD, M. D., Augusta, Ky.

In 1860 I was sent for to operate on Mr. Frees, of Brookville Ky., for femoral hernia. This kind of hernia, it will be remembered, is usually small in volume, but found to my surprise a tumor filling up completely the space between the anterior superior spinous process of the ilium, and the pubis symphysis. The swelling by far exceeded anything of the kind I have ever seen, and in complexion presented a purpulo-redish cast at apex, with a smooth and glossy appearance at that point. The base of the swelling was broad, with a well defined, secondary swelling occupying the centre and top of the base.

After hearing in detail the history of the case, and the means used, I attempted, doubtingly, to renew the taxis. The shoulders and pelvis were elevated, the legs flexed upon the thighs, and the thighs upon the pelvis with the limb next the swelling rotated inwards. I then attempted to draw the tumor downwards, and slightly inwards but with a negative manipulation. I then made an effort to push it directly backwards, but with no noticeable good.

An operation from the surroundings was unwished for, but inevitable, and how to dodge it with the contending elements now, and to be noted, was the scrutiny of the moment. The singular and laconic line of Dryden come not amiss.

"Winnow well your thoughts."

I remembered that a few years ago, I was called in consultation to see this same personage, and found him emaciated almost to the wires of a skeleton, regarded then by attending physician, (Dr. Corlis,) and people, as well as myself, as in hopeless consumption. A careful examination with stethoscope and soundings convinced me that the left lung was sloughing, and a marked cavity, well defined, was, beyond cavil, apparent.

He was then put upon new milk from the cow, *ad libitum*, with a spoonful of old whisky in each meal or ration. Chamomile and citrate of iron, put into old whisky, and a toddy to be made of this three times a day. In a few months, to the surprise of every one, and that of myself, he was on foot attending to his business.

With such treatment, signal as it sometimes is for lung disease, the patient—like many of that class, not observing, mercifully to themselves, the fatal point, too often become inebriates—unfortunately continued thus, up to the time of the present operation.

Operation.—When fully under the influence of chloroform, (not chloroform and ether,) I made an incision, six inches in length, immediately over the prominent part of the swelling, first raising up the skin and moveable tissue, between the thumb and two fore-fingers, whilst an assistant raised it alike an inch and a half just opposite my grasp. Then introducing a sharp pointed knife between the two, with the back next the tumor, I cut directly upwards. This brought me well down to the divisible membranes, which, layer by layer, I pinched carefully up with the forceps, then cutting each one horizontally until I reached the sac. The covering of the sac was delicately pinched up with the forcep and clipped horizontally with the knife. But little fluid was discharged, and I proceeded with the left fore-finger to search for the stricture, which developed itself at the lunated edge of the external ring, outer and upper part.

The hernia knife was then introduced, flat upon the finger, and when sufficiently advanced, its cutting edge turned up, the back

resting on the finger, whilst a slight rotating motion of the knife was sufficient to make a niche in the stricture, and the tendinous portion of it felt to give way. The cut was made directly upwards and a little inwards.

I then attempted to compress the tumor with the hand, hoping to unload the bowel of its contents, but found a firm and unyielding mass. I then enlarged the stricture, not forgetting the caution prescribed by our masters, and fearing that the opening was not sufficient to admit of the return of the protruding mass, but the collective mass was still immovable. A third extension of the stricture was ventured upon, with increased caution, but the mass of the tumor was still unmoved. What is to be done? flashed upon me like the electric current of new events,

"To examine things right, and never give over, doeth wonders."

I proceeded promptly to examine carefully the anatomical *status* of things; found the upper part of the tumor movable, which was readily reducible, this being the bowel; further examination proved that the omentum protruded, forming the basis of the tumor, and firmly and compactly adhered to all the surrounding tissues, and impossible to return it. The wound was closed in the usual way; patient, with difficulty finally recovered.

Omental Hernia one year prior to the present.—Subsequent history of the case proved that one year prior to the protusion of the bowel, patient observed a large swelling in the region heretofore described; felt some dull pain and uneasiness, but had no obstruction in the action of the bowels. He was advised by his physician, after an attempt to reduce the hernia, which he imagined he had done, to use a truss which he continued to do, but irregularly up to the time of the present operation. The patient is still living now, eight years since the operation, still having a large swelling at that point, but by the use of a truss he continues to attend to his store and post office duties.

The present case has its historic interest, and I think but few, if any reported cases, may have its duplicate. Prof. Gross, in that enduring book of granite, reports the *post-mortem* of an old lady, which developed a protusion of the omentum at both external rings.

LeDran, where protusion of the omentum and bowel proved fatal.

Kiswich, where protusion of the omentum formed a large tumor, without obstruction to the bowels, and the patient lived thus many years.

My patient is now a discreet and good citizen, and I am pleased to learn from him that, after a long and well contested struggle, in which he thinks, and so do I, that Mr. "Barley Corn" advanced his interest in long trouble, that he has now released Mr. "Barley Corn" from present or future tax upon his part, but if the rings force upon "Barley" high or low tax, as the case may be, per gallon, they may fight it out on that line, so far as his usage is concerned.

ART. III.—Valedictory Address to the Graduating Class of Miami Medical College.

By WM. CLENDENNIN, M. D. Professor of Surgical Anatomy, Military Surgery, etc.—Delivered March 2d, 1899.

GENTLEMEN OF THE GRADUATING CLASS: You have received this night the honors for which you have so long and zealously labored. You hold in your hands the tangible evidence of the completion of the curriculum of your studies, and of your title to membership of the profession of your choice.

On behalf of the faculty of the Miami Medical College, now your Alma Mater, I most sincerely and cordially congratulate you upon your admission to the medical profession, and to the honors connected with it.

While you indulge in fond anticipations of future and still higher success, you will naturally desire to know what constitutes the honors for which you have so long striven, what their real value, and in what they consist. It is entirely proper that you should desire to know if it is an honor at all to be a Doctor of Medicine, and also to know who constitute its membership, and into whose society you are now admitted as members and co-laborers.

As your former preceptor, and now as your friend and brother in the profession, permit me to conduct you into the great and glorious temple of medicine, reared by the skill, learning, and experience of the profession, which, above all others, takes rank and precedence in the affairs of men. Allow me to point out some

of its wondrous beauties and treasures, and introduce you to some of those who first discovered them.

The word Doctor, in accordance with its etymological derivation, signifies a teacher, and from a very remote period until the beginning of the fifteenth century the term seems to have been used synonymously. In modern times the title of doctor has been applied generally to the three faculties of theology, law and medicine. In Germany the doctor takes precedence of the untitled nobility, and ranks next to the knight. Among themselves doctors take the rank of the faculties to which they respectively belong; the first being theology, the second law, and the third medicine. In England, the doctor's degree was not introduced till the reign of John, or thereabouts, and it was esteemed a very rare and high-prized honor. The conferring of the degree was attended with great ceremony, feasting and revelry.

The early history of medicine is merely legendary, but since the dawn of the Christian Era, it has developed with wonderful rapidity, and kept pace with the progress of every age, in almost every land.

It is not the design here, however, to either trace or recapitulate the history of medicine, but rather to show, in a general way, its high claims to your consideration, and upon what grounds these claims are founded. I have said that the profession takes precedence of all others in the affairs of men. This is literally true, for from the womb to the tomb the aid of medical science is invoked on behalf of man! In all the intermediate stages of his career on this planet, behold what he *has* done, and *is doing* to ameliorate his condition, increase his comforts, heighten his pleasures, and prolong his existence for enjoyment and happiness.

Let me for a few moments direct your attention to the relative effects of war and medicine upon human life and human happiness. Modern military science boasts of the many and mighty agents it has discovered and used to destroy life, and it can not be denied that they are terribly effective, but modern medical science can boast of the discovery of a small vesicle, by the multiplied contents of which the deaths of thousands and tens of thousands may be prevented. Through the discovery of Dr. Jenner, one drop of vaccine matter is found to possess the ability to save, and it has saved more human life, during the present century, than gunpowder and the sword have destroyed

in the same time, or than the vast military stores of England, France and the United States have the ability to destroy.

When we contemplate the untold suffering saved to humanity by the discovery of Pare, what need to say another word in extollment of the physician. Just imagine for a moment one of the battle-fields of our late war without the knowledge of ligating an artery. Arms and legs shot away, wounds from sabres and bayonets in the trunk and about the head and neck innumerable, yet until Pare introduced the use of the ligature, the best thing science could do to staunch blood was to apply boiling pitch, or sear the wound with a hot iron. The spectacle presented by a field-hospital, surrounded by furnaces, with cauldrons of boiling tar, and the bleeding victims of war being borne to the horrible ordeal, is one from which the imagination recoils, and the heart sickens to contemplate. John Bell says that: "The horrors of the patient, and his ungovernable cries, the hurry of the operators and assistants, the sparkling of the heated irons, the hissing of the blood against them, *must* have made terrible scenes, and surgery *must*, in those days, have been a horrible trade."

Thus the truly great and important improvement of Pare, introduced in the sixteenth century, has saved immeasurably the sufferings of patients, and has added proportionately to the safety of their lives, while it promotes their recovery. But it was reserved for Drs. Wells and Morton of our own country and our own time to add to the healing art the great and crowning discovery of this or any preceding age, viz. : the obliteration of pain and consciousness by the inhalation anæsthetic agents. This discovery inaugurated a new era in medicine. Pain is no longer considered a healthy indication, and as an essential concomitant with surgical operations, and we now know what Galen long ago declared that "pain is useless to the pained." By the use of anæsthetics the human agony and torture of the surgeon's knife, the writhings and shrieks of patients on the operating table may be saved, while the required operations are as well or better performed, and the mortality diminished. We are now enabled to draw our teeth and amputate our limbs, not only without pain, but in a laughing expectation of a universal molting, like the eagles, and even of outwitting death. Only those who witnessed the scenes of carnage and suffering occasioned by gun-shot wounds can appreciate how great a blessing chloroform was to our wounded

soldiers. Considering the vast suffering spared humanity, and the great saving of life it assures, the thoughtful mind may well regard this discovery as a sort of divine inspiration.

Compared with other sciences, medicine stands unrivalled in the grandeur of its objects and the greatness of its results, so far as they relate to the physical well being of man.

The names of physicians adorn the history of the sciences of Astronomy, Geology, Mineralogy, Zoology, Botany, Chemistry, etc., as their chief co-laborators. Astronomy has, in all ages, flourished under the favor of the rich and powerful. Louis XIV. brought the celebrated Dominic Cassini to Paris, and thus, by royal favor, gave to the Astronomy of France a distinction it could not otherwise have attained. The sovereigns of Prussia, and Russia followed the same course. Czar Peter took Delisle to Petersburg. Frederick the Great drew to Berlin, Voltaire and Lagrange. Expeditions have, from time to time, been fitted out by various Governments, at large expense, and sent to St. Helena, to Lapland, Kamtschatka, to the Cape of Good Hope and other remote parts of the globe, for the purpose of making and recording astronomical observations.

Geology has also had government patronage. And yet the progress of medicine has been, at least, as great as that of Astronomy or Geology, while it has been independent of royal favor or government patronage. In the United States it has kept pace with the general progress of the age, without any kind of protection or aid from the government, and yet, when the safety of the nation was involved, and when its very existence seemed trembling in the balance, the government did not hesitate to seek the services of medical men for its armies, and I need not tell you how promptly and fully they responded to the call, though for their services the medical officers of the army received no higher honors, and even less pecuniary compensation than was paid by the government to those who merely superintended the purchase and transportation of supplies.

The science of Chemistry, with its numerous and important applications and uses, and the wonderful results effected through its agency, is almost exclusively the result of the labors and researches of medical men. Physicians, perhaps, more than any other class of scientific men, have divested chemistry of the mythical follies and extravagancies of alchemy, and have sought out and explained the curious and interesting phenomena of

magnetism, electricity and galvanism, and demonstrated that they differ from each other principally in the circumstances by which they are called into action, and that these differences are, in reality, of a chemical nature. And, finally, physicians have been foremost in the investigation and development of those mechanico-chemical sciences, by the knowledge of which we are now enabled to transmit our intelligence on the wings of lightning, to annihilate space and time between our cities, to bring remotest hamlets and plantations to our gates, and to know *at any hour of the day* the state of the markets of Great Britain and Continental Europe.

Great and important as are these results, there are still others, the *immediate* and *legitimate* fruits of the cultivation of medicine, and the study of the nature and treatment of diseases, which even more fully justify the physician in arrogating to his profession the title of a "noble and glorious art."

The six diseases most prevalent and most destructive to human life in the Seventeenth Century were plague, ague, scurvy, small-pox, dysentery, and child-birth. A careful study of the nature and causes of diseases in general, together with a much better knowledge of the laws of health, has enabled us to treat these diseases more successfully, so that they have their fatal pre-eminence no longer. Deaths from scurvy are rarely heard of now-a-days, even among soldiers on a campaign. No one hears of a death from ague. The discovery of Jenner has robbed small-pox of its terrors and its frightful mortality. The plague, which in London alone, often destroys more lives than all the other diseases together, is now unknown except in history. Two hundred years ago, one in every forty or fifty women delivered in London died of child-birth or its consequences, but the cultivation of medical science has diminished this mortality till not one in two hundred die, so that the advancement of modern science saves in this item alone the lives of not less than eleven thousand to twelve thousand mothers every year in Great Britain alone, and a proportionate number in our own country.

With attainment comes the desire to impart knowledge, and hence the calling and profession of the doctor or teacher; and this is manifested in the works of the great and good men who have illuminated history with the lights of reason, and adorned humanity with acts of benevolence and charity. Thus, we find Dr. Radcliff founding the Astronomical Observatory and Library

at Oxford; Dr. Birkbeck originating Mechanics Institutes, and the system of public lecture-teaching of mechanics. I need hardly suggest to you the immense benefit derived from Mechanics' Institutes, where the practical, hard-working mechanic is taught the relation that thought bears to things. The fact to be kept in mind is, that a doctor originated them.

Dr. Hans Sloane, an Irishman, made a large collection of botanical, zoological and mineralogical specimens and curiosities, books and manuscripts, which he bequeathed to the British Government, thus founding the British Museum, that wonderful receptacle "enriched with the spirits of time," which epitomizes the art, science, literature and practical knowledge of the whole world. For other examples of those who, by their talent, industry and devotion to the cause of science and humanity have truly enriched the profession, and made the name of "Doctor" one of honor and worth, I refer you to the names of the Hunters, the Coopers, the Warrens, John Locke, Daniel Drake and Reuben D. Mussey, the first Professor of Surgery in this institution, and father of the present Prof. W. H. Mussey.

Thus, gentlemen, physicians have always been the first and most zealous laborers in the field of science, the first to expose error, and to drive away ignorance and mystery, by causing truth to shine out clearly, spreading a knowledge of God's most beautiful and perfect works, as they appear in these studies which minister to our art.

Another inquiry which, I have no doubt, has often, during your course of study, presented itself to your minds, and just now more especially obtrudes itself, is "how shall I succeed in my profession?" I have given the names of some of the men who have been successful in the profession of medicine, and have indicated the particular things in which they were successful. It does not follow that every medical student must become a Pare, a Jenner or a Sloane, each of whom is booked for immortal fame, but it lies within the possibility of every member of this class to secure success. Webster defines the word as "the act of succeeding, or the state of having succeeded; the attainment of a purposed object." This, you see, may apply to an evil undertaking; but close scrutiny will discover the spirit of his definition to incline toward the good. A man may experience success in murder; he may succeed at it, but it will not be set down as success or prosperity. The language and the sentiment part company when

applied to evil undertakings; but still, success is a problem, and no matter how or by what means others may have attained it, each individual must find the solution for himself.

The example of others is not to be disregarded. Experience abundantly testifies to its benefits; but it is probably absolutely true, as Curtis says, "that in all history, in the splendid triumphs of emperors and kings, in the dreams of poets, the speculations of philosophers, the sacrifices of heroes, and the ecstasies of saints, there is no exclusive secret of success."

The crowning blessing comes not for the mere asking, nor does it blossom in a night to gladden the eyes of the toiler, when he awakes from dreams of its possession.

Success is a natural growth, and is stimulated and promoted by industry and self-application. Gradually, as in the processes of nature, the subtle element enters into every act of our industrious life, until by almost imperceptible degrees, it is wholly permeated by it, and exhales the incense. In a word, gentlemen, your success will depend upon the *spirit* that is in you. If your ruling principles, hopes and aspirations are pure and elevated, then will your labors be crowned with true success.

The obstacles to the progress of the young physician are sufficiently numerous, but, perhaps, not as great as some imagine, and may be divided into two groups, viz: 1st. Those growing out of various external circumstances; and 2d. Those dependant upon the character, quality, the habits and the conduct of the physician himself.

First, then, of the external circumstances which stand in the way of advancement of the physician; I pass over the question of location, the interests and influence which the physician can bring to bear in this place or in that, the number of regular and irregular practitioners with whom he must compete here and there, and the many other *pros* and *cons* which may influence his success. There may be some truth in the old proverb, "a physician can not earn his bread till he has no teeth to eat it." But if you have youth on your side, you will have time to prepare yourselves for the treatment of your patients when you do get into practice, and then our "Young America" high pressure principle of bringing things to pass will soon remove this barrier.

One great source of trouble to young physicians, is in beholding many of his friends and patrons, from all grades of society, leaving

him and following the first form of delusion and empiricism which happens to offer to them. "Quack doctors" are a motley body, and comprise every kind of specialty. To name all of them would be out of the question, and to classify them would be equally impossible; but though ignorant of these points, we do know something of their character and history, which it may be well for you to know. Many of them are outcasts from the legitimate profession; men who are excommunicated, either because of their vices or their follies, and who have been morally punished by a rightful deprivation of professional intercourse with their brethren. In another class are comprised certain clergymen, ladies having a taste for medicine, astrologers, witch-finders, homeopaths and so-called eclectics. The only advice I have to give concerning these people, is to let them *alone*; have nothing to do with them, and above all, say nothing about them. Do not constitute yourselves Medical Missionaries, and occupy your time in trying to expose the ignorance and absurdity of their practices. "In faith, 'tis strange, 'tis passing strange, 'tis pitiful, 'tis wondrous pitiful," that men and women will so suffer the reason to be befogged and fooled by fancy, as to make the greatest nonsense to appear the soundest sense, and allow themselves to be tickled and deceived by phantasms; and yet 'tis true. Mystery lends a charm to every object upon which her shadow falls. Fancy must play off her tricks on somebody, and whenever *she* plumes her wings for flight, reason seeks a shady nook for dreamy slumber, or quietly reposes in mystery's domain, listening to fancy or imagination. You can not convince those who carry about with them tiny globules, saturated with the one-hundredth dilution of *mercurius dulces* or (sweeter still) *dulcamara*, that they have not a potency for their ills. You can not persuade the thousands, who have given their money and their living too, to build palatial residences for Townsend, Brandreth, Moffat and others, that it would have been better to have thrown such medicines to the dogs. Hence, I say, give yourselves no trouble about such people, but let them alone, by giving your time and attention exclusively to your own business.

But, gentlemen, my object is not to dwell on the weak points of human nature, nor on those false pretenders, who claim to belong to the profession; but, in conclusion, let me refer you to some of the characteristics which distinguish the true physician, and enable him to avoid these errors by which the unwary are

misled, and to discover hope or safety, where to others all is discouragement and despair.

The physician must, above all, have a just appreciation of the dignity and importance of his profession. He must realize the full import of his mission; he must ever bear in mind the relation which he sustains to his patients and to the community; *that his vocation is to lengthen out and render enjoyable lives which disease of the body and mind have conspired to render comfortless; to minister at the bedside of pain and languishing, giving quiet to the pain-racked body, and strength and comfort to the faltering mind.*

The training for the higher and nobler duties of the profession commences just at the point which you have now reached—the close of your pupilage, and it can be attained only by years of watchful observation. The habits of close study which you (it is hoped) have contracted, during your pupilage, must be continued. Exalted attainments are within the reach only of those who have at heart the advancement of knowledge, and whose zeal is active, watchful and undeviating. The judgement is ripened, and the art of medicine is improved by the close and careful study of single cases; and, therefore, the secluded practitioner in the country may accomplish as much or even more than the city physician, who has illimitable opportunities of hospital experience.

Abercrombie's pathological researches were not the product of hospital experience; Sydenham was never a hospital physician; Scarpa, who did so much for surgery, lived in a small town; the immortal Hippocrates and Galen spent most of their lives in the country.

The shades of character favorable to high attainment, are numerous and variable. The physician must possess a delicate perception of propriety, a ready appreciation of circumstances and appearances; he must be energetic, circumspect, honest, faithful and virtuous; he must possess a strong and abiding love of truth, and that charitable temperament, which beareth much and thinketh no evil. In his intercourse with his patients, the physician must respect the secret disclosures, individual peculiarities, feelings, habits and propensities of his patients; and, on the other hand, the physician should always appreciate the importance and value of his own services to his patients, "not greedy of gain, but looking for his fee in moderation, according to the

extent of his services, the ability of his patient, the result of his treatment, and a proper sense of his own dignity ;" careful not to allow the love of money to supplant the love of usefulness, for the man of sinister motives, and whose heart is taken up with his own aggrandisement, is unworthy of acknowledgment as a physician.

In the language of Harvey, the physician should be "a scholar without pedantry, a philosopher, without taint of infidelity, learned, without vanity, grave, without moroseness, solemn, without preciseness, pleasant, without levity, regular, without formality, nice, without effeminacy, generous, without prodigality, and religious, without hypocrisy."

Gentlemen, you have taken upon yourselves very high and important responsibilities ; the interests, the honors, the responsibilities and cares of the medical profession are committed to your trust ; the honor and reputation of the profession, and of professional men are in your keeping, and it behooves you to guard them with true professional care and watchfulness. Let your watch-word be "Do unto others as you would that they should do unto you." And I would especially charge you to keep yourselves pure and unspotted from the world. Remember that you are responsible beings—responsible to God for the manner in which you spend your time and strength, and for the use you make of your talents, and the opportunities presented to you for doing good.

And now, gentlemen, farewell, and remember that we (the Faculty) have in you an abiding interest. We will rejoice with you in your prosperity, and give you our aid and sympathy in your trials, disappointments and reverses. Only, be true to your own manhood ; true to the profession, and true to Him to whom alone belong the issues of life and death.

Translations.

From Prof. Ludwig Pürsch's "Krankheiten des Kehlkopfes."—Translated for the LANCET AND OBSERVER.—BY THOS. C. HENRY, M. D. Cincinnati, O.

Special Description of the Examination of Certain Parts of the Cavity of the Mouth.—Treatise on Laryngoscopy.

When one inserts a throat mirror well backwards into the mouth, the following parts of the upper portion of the throat can be inspected in turn: The back of the tongue; the tip of the epiglottis; the upper surface of the epiglottis; the cartilages of Wisberg beyond—of Santorini and the arytenoid cartilages—still beyond, the vocal chords, and besides, the extreme angle and the posterior portion of the epiglottis; the posterior wall of the larynx, comprehending the aryepiglottoid fold.

The Back of the Tongue.—On it one can see the mound shaped gustatory papillæ—"papillæ vallatæ"—overspread the surface. They are, in the case of some individuals of healthful constitution, very fully developed, and are seen in such cases two or more together, of varying shape. In some persons, on the other hand, these papillæ are clearly perceptible.

The Epiglottis.—When the epiglottis is observed distinctly, not in contact with the back of the tongue, and tongue brought well forward and extended, the farther side of the epiglottis, also of the back of the tongue in front, also the three ligaments, (glosso-epiglottoidæ,) and the space between them, of that contracted cavity called vallecula, are very plainly seen. While one elevates a throat mirror of moderate size to the posterior part of the hard, and the commencement of the soft palate, (by which procedure one can perceive the face of the throat mirror under and in front) so as to approach near the back of the tongue directed more to a horizontal than a vertical aspect, we obtain a good view. Not unfrequently the epiglottis, in some individual cases, lies much nearer to the back of the tongue, than in others, and is seen in the middle of the exposed upper sides of the back part of the mouth, so much directly in front, that the back of the tongue almost touches it. When this is the case, the root of the tongue is forcibly stretched, and the slope of the

entire tongue not duly elevated. In such cases, I have often reached to the end by the out-stretched tongue, by pressing down upon it with a strong effort, (nexus.)

When the case seemed a clear one, I have made use of the employment of methods to prevent lisping sounds from occurring. In this way keeping the posterior portion of the body of the tongue depressed, at the same time with the back of the tongue and the epiglottis. Often enough these parts are very far from one another, yet, by bringing forward the tongue strongly, one can see that a proper position in regard to the position of the epiglottis in the median line is attained. As already mentioned, a loud lisping sound should only be attended to, when the patient tries to speak whilst the larynx is disposed in the median line as to its position. When the posterior portion of the tongue is depressed there would be naturally the same sound. I have often gained, but not at once, the desired insight, but had to practice a little time with it after I had seen others. Also pronouncing the sounding of a's is very advantageous as Merkel observed. These procedures were carried out. There is effected a change of the hyoid bone to a backward and upward position in practice, by which the epiglottis is brought to the base of the tongue. The base of the tongue and the front surface of the epiglottis can be seen much more plainly and farther backward by turning the throat mirror in an upward position.

The Posterior Face of the Epiglottis.—It has been already stated above that one, by carrying the throat mirror in a backward direction, can make an inspection, and that too very fairly; also see the anterior angle of the vocal chords. I have succeeded at once in viewing the entire face of the epiglottis posteriorly, and besides, I depressed the larynx in a backward direction by degrees, and with it the nearly vertically placed throat mirror well upwards and backwards, an inspiration by the patient being taken at the time. The inspection of one half of the posterior side is often very easy when the throat mirror is carried in a sidewise direction, and toward the desired spot, which gives the mirror an outward inclination. The procedure is to be effected all along, by accompanying its movements with the mirror, or carrying it along in the mouth to the side opposite, when the view is desired. When one trying this does not attain the view desired, advantage is gained by slightly altering the position of the mirror to a backward and upward direction toward the *pomum adami*. The side-

wise view of the upper insisure, forming the sides of the cartilages is obtained here, through which the sides of the epiglottis are seen. Besides, in vomiting, a portion of the posterior face of the epiglottis can be readily seen.

The free edges of the epiglottis can be seen readily as to size, shape, and location. There can be seen besides a normal condition, a very greatly everted condition of the under surface of the epiglottis in some cases, see Fig. 22.

The very upturned, retroverted condition of the epiglottis is sometimes seen with increase of size in cases terminating in oedema sclerosis lupus, syphilitic ulcerations and cancer. I have repeatedly observed a strongly everted and retroverted state of the epiglottis. It has been met with by myself some time ago, in a case of laryngo-tracheotomy. In this case there was only a barely sufficient time for the operation, before the disease advanced to a second stage.

The free sides of the epiglottis can also become diminished in calibre on one or other side, and in this case, and evidently in many cases, either under the upper corner, or, seen often as I have observed, one mass, a small omega, jew's-harp like, a more appropriate resemblance, when vomiting took place. A total, somewhat side-wise, change of the epiglottis comes before the period of boyhood often.

By causing backward inclination up of the epiglottis, not too much, and the free sides are not too thick, between the aforesaid mentioned formations of the edges, together with rather an imperfect view of posterior side is attained. Here sometimes vomiting seems of service; but, under unfavorable circumstances, it is rarely possible to operate at once, as morbid changes will convince one.

It is clear that this above named circumstance connected with the epiglottis, the examination of the deeper portions of the larynx is limited, or may be rendered impossible. It is so much more especially the case when the shape is so far unfavorable, and the location so inconvenient, where a very evident hypertrophy impedes the view of the free sides of the throat. I, accustomed to make many examinations, am satisfied that the capacity of the sloping epiglottis lessens, and by continuing laryngoscopic examinations, the epiglottis becomes more depressed from what it existed originally. One must therefore

take first in hand an examination of those parts, appertaining to the retroverted epiglottis, before hand since they impede.

Further, I have of late remarked in two cases, that when I pressed up against the greatly retroverted inclining sides of the epiglottis, with a catheter-shaped crooked instrument in an upward direction, directly after that there was greater facility of operation. One of these was in a recent case; the epiglottis did not sink backward again in its old place, but remained in a more favorable position for a short time.

Diseases of Epiglottis.—The epiglottis, as it seems, is affected more commonly with swelling and ulceration in its posterior portion, or inflected in an irregular manner on both sides by irregular inflammatory disease, and both sides unequally ulcerated.

Hone and some one else alludes to epiglottitis, not long since, in which the posterior portion behind the tongue presents a rounder and more inflamed than normal appearance; disease accompanied with pain and exhibition of restlessness in the individual, and also in a space between the hyoid bone, and a fossa near it. These last observations were correct. With the aid of the laryngoscope, I have seen in a case of epiglottis, the parts above being sound, an intense catarrhal inflammation going on and was there occurring, in those happening cases was pain and real spasms, but the inflammation in other cases of ulceration was undoubted.

In painful disease of the epiglottis, I have often succeeded in placing my fore-finger in immediate contact upon the contracted sides of the jaw. The position of the epiglottis is one of the obstacles to the inspection of the interior of the larynx and trachea. Serious mischief has occurred by the application of probangs to the lingual surface of a pendant epiglottis, unsuspected before. This condition of the epiglottis arises from various causes—attacks of cold and follicular disease. The epiglottis is congested in most diseases of the larynx and trachea. Sometimes the glosso-epiglottic ligament loses all power of contraction to draw up the cartilage, and besides the arytenoid epiglottoid folds with their muscular fibres may so spasmodically act, as to keep the cartilage backward. In cases of chronic thickening and induration, it is often impossible to regain the natural elasticity of the cartilage.—*Gibb on the Larynx.*

Most all cases of throat disease are associated with a pendant epiglottis, giving rise to much uninterrupted irritation, and the sensation of something lying at the back of the tongue. Nine

cases out of ten of tendency to endeavor to clear the throat by coughing, can be traced to the diseased condition of the epiglottis.—*Note by the Translator.*

Other writers speak of the epiglottis assuming on its edges shapes which Dr. Turk does not allude to, viz., curling up like a scroll, the folding of one half over the other, at other times both halves depressed, approaching each to the centre.

The posterior wall is usually more affected than the anterior because the mucous membrane on the posterior surface is separated by the cushion of the epiglottis, composed of a thick layer of fat and cellular tissue, and thus has a greater disposition to inflammation, while the same on the anterior side rests only in their layers, and directly upon the cartilage. Erosions and ulcerations on the epiglottis, are not exceedingly common; but thickening and congestion are usual. Certain portions of the epiglottis are more prone to be diseased than others, of which the border and cushion are most predisposed. Primary abscess of the cushion is by no means rare. Destruction of this cartilage by syphilis and cancer—all the free border still more commonly—than the cartilage itself.—*Tobold on Chronic Diseases of the Larynx.*

(*To be Continued.*)

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT, M. A. WILSON, M. D., SECRETARY.

Section of Morbid Anatomy—Report on and Exhibition of a Cyst in the Arachnoid.

BY DR. CARSON.

Before reading the post-mortem account of this case, from the Cincinnati Hospital, we give, with Prof. Murphy's permission, the following history so far as known of the patient. We are indebted to Dr. Ritchey, Resident Physician, for the report:

Thomas Bay, Ohio, aged sixty-three, widower, fisherman. States, that has always had good health, until four years ago, when had an attack of intermittent fever that lasted for the entire summer. Had another attack the following summer.

States, that he had been perfectly well for the last two years, until yesterday morning, when was taken with a chill at about 8 o'clock, while up at the Little Miami bridge. Chill was followed by fever. Walked from the bridge down to the city; went to a station-house, and there stayed over night. Says he had another chill in the evening. Had a great amount of pain in his head, back and limbs, also in chest. Had nausea, but did not vomit. States had another chill this morning. Complains of not being able to retain his urine.

Present Condition.—Is a large man of good muscular development, and has rather a healthy appearance. Teeth nearly all gone. Has a stopage in his speech, with peculiar working of the lower jaw when talking. Tongue dry, red at edges with white coating in center. Has bad taste in his mouth. Appetite poor; bowels loose; pulse 74 and soft, yet regular; respirations 20 and easy; expansion of chest good.

March 26th, 1869. No change in condition. Ordered to have Ext. Colocynth Comp., grs. xx. At about 2 o'clock P. M., was noticed to be delirious, with great restlessness, turning and tossing about in the bed, flexing and extending the limbs, and keeping his head in almost continual motion, which was a tossing and not a boring motion. When called, found the above condition existing, the pulse feeble and slow, with portions of the hands and feet cool. Ordered whisky, \mathfrak{z} i, given at once. This seemed to increase the trouble; patient became more restless, so much so, that it became necessary to strap him to the bed to prevent rolling out. Moaning with each expiration, as if suffering very much. Noticed that right pupil was greatly dilated, and perfectly insensible to light. Left pupil nearly, if not quite natural in size, but soon became dilated almost as much as the right, and also insensible. Very slight heat of front portion of head, with the temperature of the body nearly, if not quite normal. Patient so restless, that it was impossible to get either his temperature, with the thermometer, or pulse. Ordered blister applied to back of neck, and gtts. ii. ol. Tiglii. placed upon the tongue. No operation from the bowels, or improvement of condition one hour after. Ol. Tiglii., gtts. ii, repeated; still no movement of bowels one

hour and a half after, and gave injection of Oi soap suds, with Terebinth, $\frac{3}{4}$ ss, which moved bowels in about two hours after. Condition worse; respirations slow, with puffing of lips on expiration. At 7 o'clock breathing very labored; patient perfectly unconscious. Not so restless; pulse 90, and feeble; breathing becoming sterterous; pupils greatly dilated; great oedema of the lids of left eye; fore-arm on left side cool, and hand of same side cold and clammy; right arm and hand warm; patient perfectly comatose. Ordered ammon. carb., grs. v., and whisky; but no response. Died at 7 o'clock and 45 minutes. P. M.

Post-Mortem of Thomas Bay Fifteen Hours after Death.—Rigor mortis moderate; body, mottled and well developed. On making the usual section from the top of the sternum to the pubis, found abundant subcutaneous fat. On opening the thorax, the lungs were of a rather dark, grayish appearance, and expanded; considerable fat showing on the pericardium. Pleuritic adhesions along the posterior portion and the base of the left lung, and between two lobes. In the right side, about the second and third ribs anteriorly, were five or six cords of adhesions, two inches long, with general adhesion from the fourth rib to the apex posteriorly, between the lobes and between the base and diaphragm. The lungs imparted, on handling, a feeling of both air and fluid in their substance, with, perhaps, a half a dozen scattered spots, a small firm nodule at varying distances from the surface. The largest was situated on the anterior face of the right lung, just below the summit; surmounting it was a cicatrix looking spot, of uneven contracted surface, with close attachments to the mass. On removing it with some of the surrounding lung tissue, it had a cartilaginous feel and section, with a spot near the margin, which was of less density, as if degeneration were beginning. This mass was of about the size of a small marble. On making a section of both lungs at various places in summit and base, a free flow of frothy, bloody fluid took place. Apparently there were places of increased density of tissue, but not amounting to hepatization. There was less engorgement of the inner borders of both lungs than elsewhere. This same fluid was found in the large bronchial tubes.

Pericardium contained about a drachm of fluid, no adhesions. Heart had a somewhat flabby feel, and considerable amount of fat anteriorly, over the right side mostly. Size normal; thick-

ness of walls normal; pulmonary, mitral, and tricuspid valves healthy; aortic valves incompetent, with calcereous deposits upon posterior aspect of each segment; some of these could be detached without much effort; spots and plates of atheromatous degeneration along the aorta as far as the arch; liver large, giving way under moderate pressure; had an uneven granular appearance on section; kidneys healthy, with exception of great amount of fat bordering and in the pelvis; spleen and stomach healthy; bowels and bladder not examined. Removing the calvarium, inner surface natural, except at one point, there was decided roughness, by running the finger over it, apparent venous fullness of vessels. The dura mater showed usual color; adhesions of dura mater to arachnoid over much of the left hemisphere. On lifting the brain with part of the dura mater, and raising the dura mater from left hemisphere, a body, apparently a sac or cyst, with semi-fluid contents, was found extending from a point not far from the third left frontal convolution, a little above it however, diagonally across to the posterior part of the hemisphere. It measured six and one half inches in length, two and one-fourth in width at widest point, and of average thickness of three-quarters of an inch. It was attached to dura mater by a band three-quarters in length, and several fibrous cords; remainder lying free, impressions of the convolutions of the brain on its lower surface. The convolutions were flattened, and the position of the cyst was plainly marked across the brain. On section of one extremity a sero-purulent, cloudy-looking fluid, to the extent of about two ounces, flowed from its cavity: a whitish fibrinous, and a dark chocolate-colored mass were presenting at the mouth. Pia mater healthy, and also the substance of the brain. Left lateral ventricle smaller than the right: unusual amount of serous effusion found at the base of the brain.

Microscopic examination of the fluid contents of the sac showed granular matter, leucocytes and a large number of bodies about three or four times the size of the pus corpuscle, composed apparently of aggregation of dark granular particles, and corresponding with the bodies formerly known as exudation corpuscles. A portion of the walls of the sac was dried, and a section made. It was soaked in glycerine and water, and then examined by the microscope. It presented a beautiful collection of wavy fibres, running mostly parallel, and without anastomosis. Upon addition of acetic acid, they mostly disappeared, from which we inter-

they were white fibrous tissue, such as is normally found in serous membranes.

We denominate this body a cyst formed in the arachnoid, and believe its origin to have been an effusion of blood. Rokitansky describes similar cysts, as follows under the head of "hemorrhage into the sac of the arachnoid." "Lying beneath the dura mater that covers one of the hemispheres, is found a sac or cyst, which resembles in form a flattened cylinder somewhat curved from before backward in correspondence with the arch of the cranial vault, or resembling in shape what results from the forcible separation of two layers of a tissue by an effusion which commenced at some single point, and then spread out between them. The figure first described involves an excess in the measurement from before backward over the transverse and vertical diameters. The sac adheres by its outer surface to the dura mater, but its inner wall is free from any connection with the cerebral arachnoid, and is consequently more or less smooth and moist. Its adhesion with the dura mater, too, is but loose, it partly sticks on and partly is connected with the membrane by a small vessel. Loose shreds of plastic lymph hang on the inner surface of the walls, and (which is remarkable) principally on the wall which adheres to the dura mater. The corresponding hemisphere becomes plane or slightly hollowed, its convolutions flattened and its ventricle narrowed. In a considerable number of cases I have seen but one in which the sac was of a cylindrical form, and filled like a sausage with a dark reddish brown plug of coagulated blood."

This description will almost entirely suit that of the present specimen. He says "these extravasations occur pretty often in adults and especially during and after the best years of manhood." He says "they uniformly induce a marked degree of feebleness of intellect." This man was so short a time in the hospital, and the cerebral symptoms set in so early that the history of his former health could not be obtained, nor the strength of his faculties determined.

Dr. Elstun's Case of Labor, with Variola, Etc.

The Secretary read the following letter from Dr. Elstun.

COLUMBIA, O., April 10th. 1869.

I attended a lady in her first labor on March 14th. the labor occurring during an attack of varioloid. The woman having been taken sick on the Tuesday previous the disease was at its height, the pustules being fully developed and would be considered a bad case of varioloid, the pustules being large and well filled all over the body, even to the palms of the hands and soles of the feet. The labor was probably brought on some ten days or two weeks too soon by the occurrence of the varioloid, which rendered the labor somewhat tedious, its lasting about eighteen hours.

The child appeared strong and healthy, and on the following morning I vaccinated it on the inside of both legs, believing it would be more likely to take, and be less liable to be rubbed off in that place than on the arms. The child was left to the care of the mother, nursed from her breasts and slept in the bed with her. The vaccination took nicely by the fifth day and the child is now well at four weeks and has not had varioloid.

The husband of the lady took varioloid on the tenth day after her confinement and has fully recovered. Another incident connected with this is worthy of note, that this child, when born was found to have a tooth in its proper position about the middle of the lower jaw, set loosely in the gum, which in a few days the mother found very irritating to the nipples, so I removed it, (and send you the specimen enclosed.)

The mother has recovered about as rapidly from her varioloid and confinement as she could have been expected to recover from either by itself.

I might add that the sister of this lady was in attendance as nurse, was re-vaccinated and had quite a sore arm, though she showed a very perfect scar from a former vaccination, and did not contract the disease.

CINCINNATI MEDICAL JOURNAL AND LIBRARY CLUB.

DR. W. T. BROWN, President.

Cerebral Softening—With Tumor.

Dr. Aug. Hoeltge read the following report :

As all cases of diseases connected with the nervous system have a peculiar interest. I present the following case, which occurred in my practice :

David Procter, aged thirty-one, English, butcher by trade, but for the last year has worked as common laborer. Was called to see him, in conjunction with Dr. C. A. Miller, January 29th. The doctor informed me that Mr. Procter had been under his treatment, since about the 1st of the month, for paroxysmal headache, coming on every two or three days ; the pain being located in the right frontal region, extending over the entire scalp on that side of the head. Patient was anemic, sparely built, and light complexion. His appetite had been very good all this time, except during the paroxysm. His bowels inclined to constipation. On examining his pupils, I found the right one dilated : and on questioning him, said he saw double. There was also some unsteadiness in his gait, which probably was owing to his imperfect vision, as he said that he had perfect control over his limbs ; neither was there any appearance of diminished sensation. Patient never was delirious ; tongue slightly coated ; no deflection to either side ; pulse 80, rather soft. Does not remember that he ever received any injury to his head. Never had syphilis. I did not visit the patient again, and Dr. Miller informed me, that in a few days after he had recovered sufficiently to be able to work.

March 8th. I was sent for to visit him. I found him in bed, his head buried in the pillows, groaning with pain, which was located as before. He was very pale, his eyes deep in the sockets. Pupil natural, and responding to the stimulus of light. The pain came on in paroxysms of every few minutes, so that during the interval he would be able to describe his symptoms intelligently, when all of a sudden he would press his head with both hands in agony. At this time his sister-in-law informed me, that about six months previous, driving one of the city carts, while intoxicated, fell from his seat, striking on his left shoulder and side of

his head, which caused a contusion on his shoulder, but no head symptoms made their appearance. He resumed work after a few days, and remained well up to the time when Dr. Miller was called in. I was also informed, that since Dr. Miller treated him, he had drank very freely. He says, that double vision has entirely disappeared. Had appetite until yesterday, when the pain returned. Bowels had been moved freely by some purgative which he has taken. Urinates freely. Ordered 2 grains of quinine in pill, every three hours, and 20 grains of the bromide of potassium, four times daily. Also had cloth wrung out of ice water applied to his head.

March 9th. Found him much improved. Had slept some during the night; converses cheerfully; says, that he still has some sharp shooting pain in the back part of his head. Continued treatment.

March 10th. Found him sitting up in a chair, and says, that he is entirely free from pain, only feels very weak; has some appetite; bowels not moved for two days; pupils natural; gait steady. Gave him pill hydrarg, gr. ij, pulv. rhei., gr. x, to be repeated every four hours, until bowels moved freely.

March 11th. Found him in bed. Said, that when the medicine operated, the pain returned; had noticed the same thing before, when purgatives had been administered. Ordered him quinine and iron; also bromide of potassium as before.

March 12th. Sat up, and said, that he felt almost well. Asked to be allowed to go and see a neighboring relative. Had some appetite; tongue slightly furred; skin cool and moist; pulse 78, soft.

March 13th, 7 A. M. Was sent for in great haste. Found him walking the floor, groaning with pain, which had returned with great violence about 10 o'clock the evening before, and continued all night. Was unable to lie down, as he could not bear the pressure of the pillows on the back of his head, which was very tender. No irregularity of the pupil was observed. Features pale and contracted, and perspiring profusely. No injection of the sclerotic coat; but both corneal presented an unusual brilliancy; pulse 100, very soft. There was also spasmodic contraction of the muscles of the neck with each paroxysm of pain, which returned every few seconds. Patient begged of me to do something to relieve him, when I injected under the skin, at the nape of the neck, one-thirtieth grain of atropine, and one-sixth

morphine, which quieted him somewhat, so that he was able to lie down a few minutes at a time. I also ordered six leeches applied to his right temple, and behind the ear. Had his bowels acted on by an injection. At 1 P. M. he became comatose, and died at 2 o'clock without convulsions.

Post-Mortem Six Hours after Death.—Body not emaciated; rigor mortis moderate: some suggillation at the nape of the neck. On making a transverse incision through the scalp on a plane with the parietal protuberances, a large quantity of venous blood escaped from right side. On reflecting back the scalp, quite a contrast presented itself between the two sides of the cranium. The right side was of a uniform red color, from blood contained in the capillaries of the pericranium, and beneath this even the bone itself had this appearance. The left side, with the exception of a few points from which venous blood escaped, was perfectly bloodless. There was also a marked prominence of the posterior portion of the right parietal bone. Constant oozing of blood took place after the external table of the skull had been sawed through. On removing the calvaria, no adhesion between the dura-mater and skull was present. The inner table of the right parietal bone, corresponded to the bulging of the outer. The veins were filled on both sides, but those of the right were double the size of those on the left. The sinuses were filled with very dark blood. On opening the dura-mater, no deposit of lymph was noticed, nor was there any opacity of the pia-mater; but there was a small quantity on several points beneath this membrane on the right side. The cortical substance of the superior surface on both sides, was of normal consistency.

In removing the brain, an adhesion was observed between the dura-mater and the anterior portion of the right middle fossæ, which required considerable force to separate; and calcareous deposits were found on the external surface of this membrane, corresponding to the adhesions. The internal table at this point was roughened and necrosed to the extent of about one inch; also the ridge of the sphenoid bone, corresponding to the fossæ of sylvius, instead of having a round and smooth surface well marked on the opposite side, was sharp and rough. Attached to the inner surface of the membrane at this point, was a hard fibrous tumor the size and shape of a small pea nut, which extended into the brain. The whole right middle lobe, around this, and involving the cerebral mass, was of the consistency of a thick cream

of a dull whitish color, so that on removing the brain a portion of this stuck to the membrane. This softened portion appeared very anemic, so that only a very few vascular points could be detected. On slicing the superior portion of the right hemisphere, gradually down to the roof of the lateral ventricle, a scarcity of vascular points was noticed, contrasting strikingly with that on the opposite side. The ventricles were distended with a clear fluid. The septum lucidum, as also the superior portion of the corpus striatum and thalamus opticus, could both be easily scraped off with the handle of the scalpel. The choroid plexus was normal. None of the other cavities were allowed to be opened.

Authorities of the present day recognize several varieties of cerebral softening, according to the cause producing this change. Thus we have inflammatory softening, softening caused by an apoplectic effusion, producing disorganization of the tissue involved. Then there are different varieties of anemic softening, which may have a local origin, as pressure by tumors, hydrocephalus, circumscribed apoplexy, or even from inflammatory swelling, causing pressure on the surrounding structure, closure of the supplying artery with emboli, causing anemia in that portion of the brain substance which is supplied by this vessel. Dr. John W. Ogle, in a paper published in *St. George's Hospital Report, Vol. I*, gives diabetes mellitis as a cause of cerebral softening. General anemia is also given as a predisposing cause; also determination of blood to a distant organ.

To which of these varieties does my case belong? Rokitsansky describes inflammatory softening to be a red pulp variously shaded with dirty violet, brown and yellow, or of a rusty or yellow color. He says, however, "sometimes spots are found, which would be scarcely recognized as those of inflammation; their nature can be determined only by a close examination, and from the analogy with similar inflammatory processes in other tissues. The redness resulting from injection of the part is scarcely perceptible. Other coloring is still more deficient, and the cerebral substance is loosened and softened to a uniform dull white pulp.

According to Bennett, the microscope would have revealed the the presence of inflammatory granules and granule cells deposited in the course of the vessels, which, he says, are developed out of the exudation. This, however, is denied by Prof. Niemeyer. According to the last named eminent German authority, very

little interstitial exudation takes place, the principle changes in inflammation being in the fibres themselves, which become varicoses. The same view is also held by Dr. H. Meissner, of Leipzig, in an article on Cerebro-Spinal Meningitis, published in *Schmidt's Jahrbucher*, for 1867. Prof. Niemeyer considers the granules and granular cells seen in inflammatory softening, fatty degenerated nerve cells.

The history of my case shows, that six months previous to his last illness he fell from a cart, producing a slight contusion of the opposite side of the head from where the disease was seated afterward. No symptoms of concussion were noticed by his family, no physician having been called in; but it is more than likely that these symptoms were present, but overlooked and attributed to those of intoxication.

All authorities agree, that inflammation of the cerebral substance is frequently the result of very slight injury to the head. Prof. Niemeyer says, "not only after direct injury to the brain substance, in compound fracture of the skull, does inflammation follow, but, on the contrary, many cases occur in which the cranium remains intact, and even in apparent slight contusions encephalitis is the consequence. It is probable, that in such cases the brain receives contusions from the vibration of the skull, by which small blood vessels are ruptured, which cause minute extravasations. The latter in the beginning may not cause any symptoms, but produce an inflammatory tendency to the surrounding tissue, and cause, sooner or later, an attack of encephalitis; at least it often happens that the first symptoms are only noticed at a distant period after the injury."

The post-mortem examination in my case also shows necrosis of the inner table of the skull, with firm adhesions of the dura-mater. This condition could only be brought about by syphilitic or simple inflammation. There was also found a tumor imbedded in the softened cerebral mass, which might possibly have produced softening by pressure on the surrounding structure. Rokitansky, however, says, when speaking of fibroid structures, "tissues of this kind, as well as newly formed cellular tissue, are met with in various stages of development in apoplectic and inflammatory spots." This tumor, however, may have existed prior to the inflammation, and remained latent until after the injury was received. Prof. Niemeyer says, "it has happened that patients with tumors in the brain after receiving an injury on the cra-

nium, had the disease developed, which, until then, had remained latent."

The scarcity of vascular points, together with the color of the substance, would at first impress one with any other but inflammatory lesion; but the history of the case, the chronic course the disease pursued, together with the authority of Rokitansky already quoted, leave no doubt in my mind that it belonged to that class.

The superficial softening which was observed on the two great central ganglia, and other structures surrounding the ventricles, was undoubtedly produced by the action of the large amount of fluid contained in those cavities, either during life, or as a post-mortem change. The examination was made six hours after death, and during this time these changes could have hardly taken place. The great weakness which the patient complained of, may, perhaps, have been owing to this lesion.

The congestion of the membranes, and effusion of serum beneath them, are frequent complications of this disease, and in this case was the immediate cause of death.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Further upon the use of Carbolic Acid in Corneal Affections.

BY A. D. WILLIAMS, M. D., Cincinnati.

In a former article upon this subject, I gave in a general way some of the indications for the use of carbolic acid in the treatment of corneal affections, and particularly in hypopion keratitis. After more extended experience in its use, I have nothing to take back in regard to its peculiar adaptability to the pathological condition of the cornea in this particular form of keratitis, but am disposed to commend its use more than ever. It is certainly a great desideratum in the treatment of hypopion keratitis.

But I wish to speak at this time more particularly of its use in the treatment of that stubborn form of inflammation of the cornea, that so often accompanies or follows small-pox.

Every general practitioner, as well as the eye doctor, knows how difficult it is to get an eye well, that is attacked with keratitis after the patient has recovered from small-pox, or during its progress. The mild or severe character of the former, does not determine the mild or severe nature of the keratitis. We may have an extremely ugly keratitis following a very mild attack of small-pox, as I have lately seen in two or three cases. The cornea in such cases either begins by ulceration, or else it takes on the ulcerative process very soon after the keratitis begins. We explain the condition of the eye generally to the friends of the patient, by saying that a pustule has formed on the eye similar to those on the skin. This is a very easy way to explain the matter; but, perhaps, not always true, for we often see the keratitis developed some time after the pustules have disappeared. In my judgement one thing in regard to this whole matter is true, and that is, that the small-pox disease predisposes in some way to the disease of the cornea, aside from the pustular eruption. But be this as it may, physicians are accustomed to look with some degree of dread upon an eye in a small-pox patient, whose anterior chamber begins to fill up with pus, or, perhaps, is already full, so that the eye looks absolutely white, as though there was no iris or cornea or pupil about it. This is what is too often seen in small-pox patients. If we look closely, we will find a point in the cornea that is abraded or rough, *ulcerated*. This may be a mere point, or it may cover one-third, one-half or two-thirds or all of the cornea. From these points the pus makes its way in some unexplained manner into the anterior chamber, and makes the eye look white. While we are making an unfavorable prognosis, and telling the patient that it will take a long time for him to get well, that his eye will heal up very slowly, and that it may be blind, just here carbolic acid comes to our relief, and enables us to give a more favorable prognosis, and to tell the patient that his eye will heal up in comparatively a short time; and that the resulting opacity will be comparatively small. Of course if the cornea has already sloughed away, the eye is hopelessly blind; but as long as a part of the cornea is clear to begin with, we can promise with some degree of certainty that the eye is not lost, which is no small consolation to the patient.

Lately we have had quite an epidemic of small-pox in Cincinnati, and during its progress and decline I have had a good opportunity to test the effects of carbolic acid in small-pox keratitis or ulceration of the cornea, and have good reason to be pleased with the general result; have had more or less of it on hand all winter, and at this writing, April 12th, have eight or ten patients on the carbolic acid treatment. I have found, that under this treatment the patients would recover in from ten days to four or five weeks, according to the severity of the attack, while under the former treatment, the cases would last an indefinite time, and possibly not get well or heal till the cornea had completely sloughed away, particularly if the attack was severe to begin with.

The carbolic acid treatment is as follows :

R.—Atropiæ Sulph., gr. jv, (4.)
Acid Carbolic, gr. iii,
Aquæ Destilat., ʒj.—Mix.

Drop into the the eye every two or three hours, according to the severity of the attack, sometimes even every half hour; this is for adults. For children use less of the atropine, according to the age.

This I have the patient use constantly at home, and I apply a thirty or forty grain solution once a day myself, when the patient comes into the office. I first cleanse the ulcer as perfectly as possible, and take a small probe, dip it into the solution, so that a very small drop, the smallest possible quantity, may stick on the end, and then touch it to the ulcerated surface and let it spread over the ulcer. If one application is not apparently sufficient, I make two or three applications in the same way at the same sitting. This I repeat every day or every other day, according to the apparent need of the case. This bites pretty sharply for a moment, and then it is all over. The smarting is more due to the glycerine, than to the acid. Where a strong solution is used, some glycerine has to be added, else the water will not dissolve the acid thoroughly. An ounce of water will hold three grains in perfect solution, if the acid is rubbed with the water in a mortar (according to Mr. Fennel). When this solution is dropped into the eye, the patient hardly feels it. It may be used very often indeed, as the cornea tolerates it perfectly. My observations would indicate that it is better to use a weak solution

very frequently, than a strong solution less frequently. This I consider to be pretty well established. In using the strong solution, it is very desirable to confine it to the area of the ulcer as much as possible, and especially to prevent its accumulation in the lower cul de sac, as it would cauterize the conjunctiva severely. This can be avoided by working the lower lid over the eye till the tears wash it out.

I treat the patient internally, according to the particular indications in each individual case. Do not lay much stress upon this if the patient has a good appetite and can rest well.

I claim for the carbolic acid treatment, that it is quicker, more certain to check at once the ulceration of the cornea, and thus saves the vision; and that it prevents or modifies in some way the resulting opacity of the cornea. This latter I have observed so often, that I am well satisfied of its correctness. *How* it does it, I am not able to say. Where there is no abrasion of the surface of the cornea, the carbolic acid treatment is not indicated.

In the last few days I have used this treatment in a case of traumatic keratitis, where the cornea was cut in different directions in its centre by a stick of wood. The wound was suppurating when I first saw it. The chamber was partly filled with pus, and the patient was suffering severely. I used the acid as above, and the patient has ceased to suffer, and the eye is healing up rapidly. I have used it also in burns of the cornea with good effect, but mainly with a view of limiting or modifying the resulting opacity. I often prescribe it as a colyrium in old chronic cases of keratitis, that resist the ordinary treatment for an indefinite time. In such I have had very nice effects from it, especially in attacks of fresh keratitis, that have come on during the treatment of an old keratitis.

These are the main indications for its use, according to my experience; and I must say, that in my hands it has proven to be a valuable remedy in the treatment of corneal affections. I have tried it in the treatment of *diphtheritic conjunctivitis*, but without encouragement: also in granulations, but am not pleased with its effect.

Correspondence.

LETTER FROM VIENNA.

VIENNA, March 4th, 1869.

The public charities of Vienna almost form a section of the city itself. The Insane Asylum, the Military Hospital, the Josephinum, which is the Military Medical College, and the perfectly huge General Hospital, which, like every other governmental institution in Austria, from the complexity of the ruler's crown, rejoices in the euphonious prenomyn, the Imperial Royal. The Imperial Royal General Hospital, however, merits its title not only in size and population, but in direction, management, staff, number of students, and facilities of instruction. It covers ground certainly to the amount of eight or ten acres, as the first open court must contain at least three. The general construction varies according to the different periods of its erection, mostly, however, in long rows of three story, gravel plastered, tile woved, monotonous sections, in the form of a square, surrounding an open court, which is neatly laid off into grass plats, promenades lined with shade trees, and provided with abundant seats and handsome fountains. The buildings of later date, as the Pathological Institute and Josephinum, are erected in the modern style, and are provided with all the arrangements of comfort and utility which render their appointments complete. The main entrance fronts on the principal street of this suburb of the city, and bears over its door in a slab of red marble the inscription "Saluti et Solatio Aegrorum Jos. II., Aug. MDCCLXXXIV." A well fed Portier stands an everlasting guard here, pompously rigged in an enveloping, fur lined overcoat, and gold bordered cocked hat, to remove which latter during the passage of a professor's equipage, and to prevent the entry of stray cows affording him an occupation. His painful duty it is also to collect small fees for opening the door to the student whose work may engage him at the Hospital in the night.

The system of instruction is, as it should be, almost entirely clinical. Anatomy, Physiology, Chemistry, and Materia Medica being, of course, the exceptions; these are taught in a separate

building, all other branches, including the various specialities, being entirely delivered in the wards. Public courses, private courses by Professors, Docents and assistants are being conducted in numbers, at every hour of the day, to such an extent, indeed, that three students might be busy from 8 A. M. until 6 P. M., and never come in contact with each other the entire day. The feature of peculiar excellence in the Vienna school, and the one which attracts foreigners from every quarter of the globe is the system of short courses. It is hard to conceive of a more practical or satisfactory means of obtaining instruction than these six to eight weeks' courses by the assistants, who are permitted to appropriate the vast material of the Hospital to this use. Sign boards over various doors announce that here instruction is imparted in laryngoscopy, diseases of the eye, or ear, skin diseases, diseases of the chest, abdomen, sexual organs, nervous diseases, electrotherapy, hydropathy, psychology, hygiene, not to mention the facilities for the study of diseases of sucklings and children in the Foundling Hospital and Children's Hospital respectively. All these clinics are in such close proximity to each other that every hour of the day can be filled without a single omission. Some of the assistants are coining rapid fortunes from the incomes of these courses, which are more or less completely composed of strangers, by far the majority of whom are Americans. By that same law, perhaps, which arranges the physician's fee in conformity to the patient's circumstances, foreigners are made to pay just double the fee of the native born. Hebra's charges are even more, almost triple; the diplomas of no school in the United States, or even in Europe, entitling their possessor to attendance anywhere, a little fact which should be remembered at home for retaliation some day by way of general adjustment, the mere mention of the possibility of which would excite a smile of incredulity now.

The Staff at present consists of the following celebrities; Skoda and Oppolzer on Internal Medicine; Billroth and Dumreicher on Surgery; Braun and Spath on Obstetrics; Rokitansky on Pathology; Hyrtl on Anatomy; Bruckl on Physiology; Wiederhofer on Children's Diseases; Hebra on Dermatology, Arlt and Stellwag on Ophthalmology with a host of Docents and assistants in every department. All the immense resources of the hospital are rendered subservient to instruction, indeed it would seem the question on the admission of every patient, not

so much what can be done for him as what can be learned from him, not that Vienna medicine is less humane than any other school, their mortality rates is evidence enough to the contrary of that, rather that the prime object is to send forth educated physicians into the land, fit conservators of the health of the society entrusted to their charge. In accomplishing this design, the other, the healing of the sick is fulfilled of course.

Vienna is the obstetrical student's paradise. He can fairly revel in all the complications of delivery, and be witness to every possible affection of the puerperal bed. The Lying-In Hospital is not a representative of the city alone, but of the whole South Austria, under whose jurisdiction it lies. "By the most high decree of January 19," runs the record. "His Majesty condescended to permit the Lying-In-Hospitals of the old Austrian provinces, together with the Foundling Houses to be regarded as governmental institutions." By Congressional Law of Feb. 17th, 1864, the Vienna Lying-in-Charity passed into the hands of the South-Austrian representation, under whose control it now exists. The whole department consists of about four hundred beds, which, of course, are about half filled with cases biding their time, the average number of births being about twenty-five per day. These nine thousand five hundred yearly births are divided into three distinct and separate departments. 1. The obstetrical clinic for students, presided over by Prof. Carl Braun. 2. The clinic for mid-wives directed by Prof. Joseph Spath. 3. The private apartments under the charge of Dr. Pachner. We shall complete the present letter with a description of the first two, reserving some strange revelations connected with the latter for a future date. Before entering into a detailed account of the manner of conducting the clinics and the general management of the wards, or attempting an introduction to the lecturers themselves, it would, perhaps afford you a better insight into the character of the work, should we present you with some statistics of a year's collection. We extract then, from the last printed report the following: "In 9,484 births, there were 107 abortions and 539 cases of premature delivery, in three of which latter the delivery was induced, the method of induction in all cases being the simple puncture of the membranes by a goose-quill introduced over the sound, and then thrust forward. Kiwische's douche, which elsewhere in Germany finds such favor, meets here a strong deprecation on

account of the danger of sudden death, which has already occurred three times from the introduction of air, and on account of the puerperal processes which result from the irritation and inflammation of the uterine mucous membrane. One hundred and nine of the children of the premature labors were born dead, the causes of premature birth being, in twenty-nine cases, disease of the mother; syphilis, ten times; variola, three; tuberculosis pulmon., five; Morbus brightii, three, etc. *Twin births*, one hundred and twenty-nine; *face presentations*, fifty-seven, of which fifty-three terminated spontaneously, one required the forceps, and three on account of pelvic deformity, craniotomy. *Breech positions*, two hundred and twenty-six; thirty four children still-born. *Transverse positions*, sixty-nine, of which three terminated by spontaneous evolution, nine required version cephalic, fifty-four version podalic, and three required decapitation. Decapitation is beautifully and expeditiously performed in all cases by means of Braun's blunt hook, a simple steel rod, bent at an acute angle, and provided with a button on the end. It must certainly substitute all cutting instruments finally, from its simplicity and ease of application. Only day before yesterday a case presented at Prof. Spath's clinic which called for its use, and as we were present, we had an excellent opportunity of witnessing the *modus operandi*. Patient just brought in had been in labor five days; waters long since escaped and the shoulder wedged in at the superior strait; child of course dead. Resort was had to podalic version, which was declared impossible, so firmly was the uterus contracted, finally, and with considerable trouble, the index finger was slipped over the neck, distended by traction on the protruded arm, when the hook was passed over and drawn forcibly down upon it, several twists of the handle to the right and left almost immediately fractured the cervical vertebra, when a few rotations separated the head completely. Traction on the arm delivered the body easily, and the head was as lightly extracted. On the mannikin, decapitation in this manner is mere child's play. *Defective Habitus*, twenty-six; eighteen times an arm, six times an arm and foot, once a foot, and once both feet prolapsed with the head. Three times the birth followed spontaneously, sixteen times reposition of the prolapsed members was effected, and seven times resort was necessary to version by the feet. Six children born dead. Professor Braun insists strongly on an immediate attempt at reposition in any accident of this character,

this may be often affected by placing the patient on the side when in the dorsal decubitus impossible. *Prolapse of the cord*, with the head, fifty-seven times; thirty times the cord was replaced, five times the birth terminated with the forceps, three times version by the feet, and twice (pelvic deformity) craniotomy. In the remaining cases an expectant treatment was observed, twenty children born still. The mode of reposition is a very simple one, by the fingers when practicable and when this fails, the flexible catheter, which perforation is laterally perforated near the end. The wire in the catheter is protruded through the perforation, and the end of a string, a simple noose or a figure 8, passed over the wire, which is then slipped back into the catheter; the prolapsed cord is now laid into the string at the centre of the 8 when the loose end of the string is slipped over the end of the catheter itself, the catheter now containing the cord in a loose noose is carried *entirely up* to the fundus uteri, the wire withdrawn, and subsequently the tube, leaving the cord safe. Should any difficulty occur in conducting the catheter upward, the patient is to be placed in different positions until it does succeed.

As an obstetrical curiosity, the procedure of a Calcutta physician was mentioned as having been tried in several cases. The cord to be held before a light when the opacity of the vessel is distinct from the translucent wharton gelatine which envelopes them; a threaded needle is now to be passed through the cord, without, of course, implicating the vessels and the thread attached to a rod or sound, by means of which it can be replaced, the advantage claimed for it being freedom from pressure on the vessels. The objections urged against it are that first the cord must appear externally, and secondly the loss of time.

Rupture of the cord, one case; patient delivered in a standing position; child fell to the floor, but suffering no injury. *Placenta prævia*, 15 cases. Treatment, four cases puncture of the membranes, three cases, colpeurynter, and then puncture, six cases after colpeurynter, version by the feet, six children born dead. *Pelvic deformity*, ninety-two cases=0.9 per cent. The conjugate measured 6 times $3\frac{3}{4}$ inches, 32 times $3\frac{1}{2}$ inches, 20 times $3\frac{1}{4}$ inches, 23 times 3 inches, 2 times $2\frac{3}{4}$ inches, 4 times $2\frac{1}{2}$ inches, 3 times $2\frac{1}{4}$ inches. In one case of obliquely contracted pelvis, (Nægele) the right oblique measured $4\frac{1}{2}$ inches, and the left 3 inches. In one case the pelvis was contracted by an enchon-

droma, which springing from the sacrum, approached the symphysis to within $2\frac{3}{4}$ inches. The patient had already born eight living children at term; three times premature delivery was induced. 16 times birth was terminated with the forceps, 20 times craniotomy was performed, 6 times podalic version, 47 times birth spontaneous, 51 children born living, 41 dead. The measurements on which the most reliance are placed are the external circumference by a tape line passed around the sacro-vertebral junction, the trochanters, and the symphysis, which should yield 34-5 inches, and the conjugata vera. Considerable stress is also laid upon the so-called microcorden, the diameters from the promontory to the internal aspects of the acetabula. This is obtained by placing the back of the middle finger on the promontory, and carrying the point of the index to the acetabulum. In the induction of premature delivery as to its period, regard must also be paid to the fetal head, size, density and pliability as ascertained by external palpation, which is carried to the same nicety and delicacy of tactile perception here as elsewhere.

Rupture of the Uterus, three cases. In one case the birth was terminated by craniotomy, in two post mortem gastrotomy was performed. The Austrian law requiring it in every case where the child is at a viable age. *Uterus vicornis*, two cases. *Extra uterine pregnancy*, one case: death by rupture of sac at eight months. *Stenosis vaginæ*, one case, necessitating perforation and extraction with great difficulty piecemeal: collapse soon after operation, and death in eighteen hours. Autopsy revealed rupture of the uterus and incipient peritonitis. *Eclampsia*, twenty-seven cases: twelve times birth terminated by forceps, once by craniotomy, six deaths. The treatment is the termination of the birth as soon as possible. Chloroform and morphia hypodermically. Of 9,346 puerperal patients, 95 died from puerperal processes. Of 9,107 children in the house, 435 died, 74 of whom by atelectasis pulmonum.

Prof. Braun is a man of medium stature, with an extremely liberal endowment of adipose tissue, more indeed than we have ever observed in a scientific man, a pleasant, genial manner, an easy, agreeable delivery, and an experience that is, perhaps, unequalled in the world. We have heard him speak of deductions drawn from the observation of over one hundred thousand cases. As assistant and professor he has been connected with the hospital for a period of over twenty years. The lectures are

entirely clinical, the subjects being suggested by the cases of the day. If during the lecture any case of interest occurs, the patient is brought in and delivered before the class. All anomalies of formation, monstrosities, etc., are exhibited with appropriate remarks. A few days ago, while lecturing on the transverse position, a case was presented to the class in which the diagnosis was clearly established, and the position rectified by external manipulation, which consisted simply in bringing down the head by pressure downwards, while the breech was carried upwards from the opposite side, this, during the latter part of pregnancy; if labor had been in progress or commencement, the membranes would have been punctured, and the head maintained in situ, until the contractions had fixed it. Prof. Braun contends that this manipulation is practicable in nearly all cases, and that a transverse position seldom or never occurs in the house, when the patient has entered previous to delivery. Following this a most exceedingly instructive case of pelvic deformity was brought in for operation. Conjugate diameter, $2\frac{3}{4}$ -3 inches; head large, firm; labor of twelve hours duration. Several attempts at version and delivery by forceps had previously been made. The case received a thorough revision as the only alternatives present were Cæsarian section, or craniotomy on an undoubted living child. It is a matter of regret that our space forbids a detail in full. Cæsarian section here, remarked our professor, is almost without exception fatal to both mother and child. Version, even in profound anæsthesia, was impossible, and forceps useless, so that the question resolved itself into craniotomy at once, or to await the effect of time. The condition of the mother strongly forbade further delay. The time which would be necessary to configure the head, or to paralyse the uterus, so as to admit version, would certainly prostrate the mother beyond all recovery; the pulse was already small and quick; skin, hot and dry; tongue coated and disposition irritable. Craniotomy was decided on, and that at once. The head was perforated with a curved trocar, and the cranioclast, an instrument for which the professor evinces great partiality, was applied. (The Vienna cranioclast is an instrument of two separable blades, which, when united, present the same concavities, that is, they are in apposition, their whole length like two spoons. One blade, which is solid and roughened on its convex surface, is passed into the foramen of perforation, and adapted to the

internal surface of the occiput, and the other, fenestrated is passed outside of the occiput in a position corresponding to the first. Both are then united like the forceps, and extraction performed.) For fully two hours the professor and his assistants worked with the extraction without avail, on account, as was afterwards stated, of the high position in the pelvis preventing a full grasp, finally the various cephalotribes were applied, the German and the French form, and both failed of execution, the instrument would always glide. The case now became rather more serious. The professor showed signs of uneasiness. It was no joke to be unable to extract a perforated head, and Cæsarian section now would have been ruinous. Chloroform was ordered to be ceased on account of vomiting. Should another attempt be made at version? There was but one cephalotribe left and that should be first tried. So the patient was shifted back again into the dorsal decubitus, from which she had been changed into the lateral during the application of some of the instruments, and the long solid blades of the massive cephalotribe of Boer carefully and handsomely adjusted, slow, firm traction straight downwards: no lateral movements are permitted, even with the forceps, as it is urged that the soft parts are exposed to far greater danger: steadily on and then upwards, and to the immense relief of the professor himself, as he afterwards stated, and of every member of the class, the birth was accomplished. Patient's condition in the puerperal bed hitherto fair for recovery.

Before finishing this letter, we have concluded to make Prof. Spath's clinic the subject of another; we must make some mention of the galvano-caustic noose. Prof. Braun employs it in all extirpations of tumors from the vagina and uterus, and in the amputation of the cervical neck. Its advantages are ease of application, rapidity of execution and entire freedom from hemorrhage. In cases of removal of cancerous or canceroid excrescences of the cervix uteri, which so often extends further into the cavity of the cervix, than on its exterior: special advantage is claimed for it as by surrounding the cervix externally, above the disease, and by gradually drawing down the neck, a shelving section or surface may be obtained, which may be made to include all the diseased surface. The other operations of gynecology are those of Marion Sims, for whom they profess a high regard. For many of these facts on gynecology, and for par-

ticular opportunities in general, we are indebted to Dr. Carl Mayrhofer, Prof. Braun's first assistant for nearly ten years, to whose special courtesy to ourselves and our fellow-countrymen, we are happy to be able to tender even this humble tribute of esteem.

J. T. WHITTAKER.

LETTER FROM DR. W. H. TAYLOR.

VIENNA, March 3rd, 1869.

At Berlin the lectures conflicted so much that I was unable to attend the course on obstetrics. I, however, made occasional visits to the Gynecological clinic, and heard one or two lectures in midwifery. The very great difference of social customs enable them to make a clinic in these departments far more instructive than can be done with our ideas of propriety. Three times a week a clinic corresponding to our "Dispensary," is held, at which cases not requiring admission to hospital are treated. The simple fact of a woman presenting herself, is sufficient evidence of disease of the uterus, or its connections, to warrant a vaginal examination, and, not unfrequently, it is performed before *any* questions are asked; and in every case both digital and specular explorations are made, and without the least regard to what we call delicacy. As the number of patients is usually ten to fifteen, you can realize how valuable such a clinic would be to the students. The professor, (Martin,) is a man of vast experience, but does not compare in ability with the other prominent obstetricians.

Besides the opportunities afforded to students to attend cases of labor in the hospital, they are sent to the homes of the poor. The student is positively forbidden to attempt any operation, but must in all cases of difficulty send for the resident assistant of the Professor. I have often thought such a system might be introduced in connection with our *College* clinic. With regard to our clinic, my observation has more fully than ever convinced me of its value, for even in the vast hospitals of Berlin and this city, out-door patients are daily introduced and lectured upon, so that I would strenuously urge the careful culture of our dispensary.

I have been very favorably impressed with the method adopted by all the clinicians I have heard, for eliciting the prominent points

in the case under consideration. A candidate for the degree is called to the bed, and questions addressed to him by the lecturer, who then answers his own questions, the student at the same time having opportunity to examine the patient. I think much circumlocution is thus avoided, at the same time the attention of the class is directed to the salient points, and they are more firmly impressed.

You probably are aware that all the practical branches are taught almost exclusively by clinics, it being claimed that the student can get theories from books as well as from lectures. I have doubts as to the propriety of such method, though I am satisfied that we err on the other extreme.

In my journey from Berlin to this city I went by Wurzburg, where I had the pleasure of hearing *Scanzoni*, and by the courtesy of his assistant, Dr. Mundi, (an American) saw his hospital. It is quite small, (500 cases per year) and not kept in first class order.

Much as I was pleased with Berlin, it bears no comparison with Vienna in the opportunities for clinical study. The vast amount of material, and the great number of teachers here, enable them to form small classes in each department, so that the student is brought in direct contact with the patient, and is allowed to make all examinations for himself, and at almost any time he is enabled to establish a differential diagnosis by comparing cases liable to be mistaken for each other.

LETTER FROM DR. J. T. DAVIS.

LACONIA, HARRISON Co., IND., March 23, 1869.

EDITOR LANCET AND OBSERVER: I have in my possession the liver of a fowl which weighs ten ounces and three-quarters. It is six inches in length, three in width, and one and one-fourth inches thick. There is connected with it a fatty tumor, about the size of a walnut. The liver is of a pale pinkish color, very full of fat globules.

Quite a large number of chickens have died around here, with extremely large livers; in fact, there seems to have been quite an epidemic among them. On examination they have almost invariably been found to be extremely emaciated, large numbers

having very small hearts and lungs, especially the latter. I have the above liver in spirits. Can you tell me the cause of this enlargement? Does the feathered tribe have phthisis?

Yours, etc.,

J. T. DAVIS.

Editor's Table.

THE PROFESSION IN CINCINNATI.—The last number of the *Repertory* of this city is full, as usual, of personal attacks on members of the medical profession of this city; indeed, it may be said, that almost every number of that journal contains severe reflections upon some individual, or some body of men connected with medical matters of our town. It may be the Trustees of the City Hospital, or the Staff, or some College Faculty, or an individual member of it; one or all are regularly bespattered with the editor's censoriousness.

Individuals in our profession doubtless have a due share of the weakness, follies and errors that are common to men; the faculties of our colleges may not more than equal the average of the schools of the land; our hospital directors may not be without some or most of the errors of administration found in other cities. But of what interest can all this be to the profession abroad? What can be the pleasure of the *Repertory's* editor to seek elements of contention?

Among the doctors here all this scarcely excites attention; no one pays any regard to it, except when some gross perversion of the proceedings of the Academy of Medicine is published, some member may allude to this malversation.

We wish to say something in a general way of the condition of things in the profession, in order to disabuse any remote reader of the *Repertory's* censures upon us.

The profession of this city at this time are acting as a unit to elevate its morals, education and practical value to the people. There are very few enmities, so few that we can hardly recall a

half a dozen men who are not on terms of amity with every one. Our medical societies are in a most flourishing condition; the leading men are at work in different sections, and we predict most valuable reports on all topics, from time to time. A strong movement is on foot to develop our public libraries, of which there exists a large foundation.

By the steady and unremitting labors for years past of the profession, we have now in full operation two of the grandest hospitals in the world, viz: the Longview Insane Asylum, and the Cincinnati General Hospital, each with capacity for six hundred beds; besides, we have the admirably conducted Good Samaritan Hospital and St. Mary, of the Catholic Sisters. Full courses of clinical instruction are given in the Cincinnati and Samaritan Hospitals, and quite four hundred students attended the two, the past winter session.

This city is certain to become one of the best fields for the study of pathology, owing to the organization of the staff of the Cincinnati Hospital. Two or three members of the staff give their whole attention to morbid anatomy and the development of a pathological museum. All the *post-mortems* are made by those gentlemen. We need not dwell upon the value of this plan, and the great future results.

Although the editor of the *Reportory* states, in his July number, that the "staff is made up of the most ordinary members of the profession here," yet it is gratifying to know, that in results of treatment, it is the lowest of any hospital report that has come under our notice this year. The report which has lately been published, for the year ending March 1st, shows a rate of mortality for the number of cases treated of 6.24 per cent., or 62.4 per thousand, while the mortality for the whole city is 17 per thousand. The two great hospitals of Philadelphia show respectively a mortality of 8.5 and 9.5 per cent. In the Boston City Hospital 7.3 per cent.

We need not essay to vindicate the reputation of the individual members of the staff, for a majority have been in practice here for over twenty years, and have been public teachers for nearly all of that time; in fact, six of them, if not more, had the honor of the *Reportory's* editor as a member of their class, and have the further honor of having signed his diploma.

It is not necessary among us, as with some Hindoos, for a young man to attempt to show his manhood by beating his mother.

Our younger practitioners are, as a class, well educated and pursuing their studies with ardor. Some are now in Europe studying special topics. Altogether we feel bound to say, that the younger doctors of this city promise to carry forward our medical career to the highest standard of progress throughout the world.

In regard to the disposition of our profession to honor the profession abroad, we can refer with great satisfaction to the reception and entertainment, on two occasions, of the American Medical Association.

We confess that our leading men do not write as much as they ought; but there is this about it, that when they do publish, their articles attract a wide observation and mention.

We hope our readers will pardon this notice of ourselves; it is only done to show how utterly contemptible is the defamation referred to, and also to exhibit the evidences of a substantial cultivation and progress in our dear profession in Cincinnati.

THE KENTUCKY STATE MEDICAL SOCIETY held its fourteenth annual meeting in Lexington on the 6th of April. A very cordial invitation was extended by the Committee of Arrangements to numerous professional gentlemen of this city, so strongly reinforced by a "personal" from Dr. L. B. Todd, Chairman of the Committee, that Drs. Murphy, Carson, Williams, Blackman and Mussey could not resist the allurements, and accepted the invitation. The delegation was right royally received and entertained. No body of the profession we have encountered ever "did it" so well, and we wished we knew how to do it half so well. We wondered at finding such a body of intelligent, genial, whole-souled fellows only five hours from our domicils; but why should we "wonder?" we were in Kentucky! and in Lexington! and ought to have expected just what we found.

We were on the spot of all in Kentucky, renowned for its great statesmen, jurists and votaries to medical science; where the first medical school of the West was established, and where the pioneer in teaching and practice of surgery still lingers obscured in the halo of his great life, but surrounded by the generations he has raised up, reflecting his greatness, and exemplifying their worthiness to be the pupils and successors of their illustrious father.

To say we were "cordially" received and ministered unto, would be commonplace; and we can give no higher idea of our treatment than to say, that we were the subjects of genuine, unsparing *Kentucky* hospitality, of which we had heard, but of which "the half had not been told:" and this not only from the profession to which we belonged, but from the entire community; and we noticed that *entente cordiale* between the professions that showed that in this place, at least, science maintained its supremacy over the sickly sentimentalism and boisterous pretensions of small systems and segmentary "pathies." We were impressed with the marked contrast in the consideration of the community, and the tone of public sentiment in our own city, for the man of science; and found the illustration of the principle, that with men of thoroughly scientific culture in any department, there is no sympathy with charlatans, and no chance for the confidence game being practiced by "oily gammon" or sanctimonious wooden-heads in the important sciences of medicine.

But to return to the State Medical Society. Dr. Wm. Pawley, the President, of Danville, called the meeting to order at 12 M. of the 6th, and gave the annual address. Dr. Todd, of the Lexington and Fayette County Medical Society, welcomed the convention in an appropriate speech. Dr. Painter read a paper on Vaccination. In the evening a most sumptuous entertainment was given by Dr. H. M. Skillman, where we met the distinguished men of Lexington, not of our profession.

On the second day, the Cincinnati visitors were formally introduced to the Society, by a very flattering speech from Dr. L. B. Todd, which was responded to by Dr. Murphy. Dr. Skillman, of Lexington, was unanimously elected President for the ensuing year. Several valuable papers were read, among them one on the Pharmacy of the Paris Exposition, by Dr. T. L. Judkins, of Louisville: the doctor's resignation as a member was tendered, on account of the fact that he was a dispensing pharmacist. The Society had the good sense to refer the subject to a committee, in view of the great loss it would sustain by his withdrawal. It is to be hoped that the time is not far distant when medical societies will include *all* branches of the science, and not exclude an M. D., because he practises dentistry, or another M. D., because he is a pharmacist, etc.; let the ethics of each branch govern its speciality, but let us have societies with a generous latitude in the branches of science. Another very valua

ble paper upon Botany was read, but we hope to see this and other papers in the "transactions," and then to refer to them at length.

In the afternoon a visit was made to the beautiful cemetery, where we beheld the grand monument to Henry Clay; to Ashland, the old home of the great statesman, now occupied with the mechanical and agricultural departments of Kentucky; and to the Lunatic Asylum, under the care of Dr. W. S. Chipley, who has distinguished himself in the management of the insane. The Asylum is well situated, capacious, and in excellent condition. A new building has recently been added to the old, in which the windows are arranged without cross-bars; there are a series of windows, about four inches wide, separated by wooden sashes, three inches wide, the thickness of the wall of the building. This arrangement admits of the windows being opened, but does not admit of any portion of the body but the arm being put through it. The Legislature appropriated a sum of money for the doctor to expend on the building. He completed the work and returned to the state \$10,000, a rare instance of fidelity to trust, and economy in expenditure of public funds, that might well be imitated in this latitude.

In the evening a grand banquet was given by the Lexington and Fayette County Medical Society, at the Phoenix Hotel, whereon "mine host," General Robinson, lavished his ingenuity and taste, and stores of good things—a most magnificent supper. Toasts were announced and responses made by members of the Society on their distinguished guests, Judge Robertson, Gen. Breckinridge, Gen. Preston, L. L. Jones, engineer, Presidents Pickett and Graham, of different departments of the Kentucky University. It was the most orderly gathering of banqueting doctors we have observed, especially as the "vegetable diet," was so abundantly provided. The session closed on the 8th.

The Society honored Cincinnati by electing three honorary members, the limit which the Constitution fixes for election at any one meeting. In order not to be invidious, the six heads were tossed in the wheel and up came a *white* head, (being the lightest,) then a black haired, and then a lighter haired turned up. The happy blending of types it is proposed that the three form a new tableau of the "Graces."

We were disappointed in not meeting Dr. Benj. W. Dudley, his health being such that none but his family friends see him.

We were also deprived of the pleasure of seeing Prof. Gaillard, of the Kentucky School of Medicine, and editor of the *Richmond and Louisville Medical Journal*; he was so sick as to be confined to his room immediately on his arrival in Lexington. Our friend, David Yandall, true to his nature, touched a few springs for our entertainment, and opened to our amazed vision the splendid plantation, the hospitable mansion, and the museum of horse-flesh of Mr. H. D. McGrath. These *moving figures* of his were suggestive of tamed lightning on the wire track. And last, though not least, he presented us to the great men and queen-like women, of which Lexington may justly be proud.

It is not often in a lifetime that one has so much crowded into three days, and one thanks Lexington for the recreation. The next meeting will be in Bowling Green, to which the profession of our state is cordially invited.

W. H. M.

CINCINNATI ACADEMY OF MEDICINE.—At the annual election in March, Dr. W. W. Dawson was elected President; Dr. M. A. Wilson, Secretary; Dr. Unzicker, Treasurer, and Dr. Stevens, Corresponding Secretary. The President has made the following disposition of committees for the ensuing year, which makes a good indication for work, and already several of the heads of committees have presented interesting and valuable reports, as for example, Dr. Walker on Re-vaccination, Dr. Palmer on Gynaecology:

Epidemics.—Drs. John Davis, Stephenson, Stevens.

Fevers.—Drs. White, Vattier, Almy.

Diseases of Thorax and Larynx.—Drs. Carson, Henry, Brunning, Jones, Belt.

Diseases of Abdomen, Mouth, Pharynx and Oesophagus.—Drs. Murphy, Richardson, Patton.

Diseases of Urine and Urinary Organs.—Drs. Connor, Dodge, Hoeltge, Tucker, Bigney.

Diseases of Blood, Rheumatism, Gout.—Drs. Comegys, Graham, Lawson, Johnson, Scott.

Diseases of Skin.—Drs. Neilson, Wright, Cassatt, Kellar.

Diseases of the Nervous System.—Drs. W. B. Davis, McReynolds, Wilson, Cleveland.

Psychology.—Drs. Thacker, Fishburn, Gerwe.

Hygiene.—Drs. Carroll, Stevenson, Brent, Maley, Smith.

Anatomy.—Drs. Foote, Gobrecht, Bramble, Goode, Underhill.

Surgery.—Drs. Muscroft, Kearney, Young, B. F. Miller, Bonner, Clendenin, Foote, B. F. Mussey, Wood, W. H. Mussey, Blackman, Dawson.

Veneral Diseases.—Drs. Judkins, Simpson, Webb, Wade.

Ophthalmology and Otology.—Drs. E. Williams, Seely, Taliaferro, Buckner, Schmidt, A. D. Williams.

Materia Medica and Therapeutics.—Drs. Stevens, Tibballs, Graff, Hetlich, Wade, Mosenmeier.

Chemistry.—Drs. Vaughen, Culbertson, Armstrong, Bettmann.

Obstetrics.—Quinn, Tate, Mendenhall, Walker, Norton, Green, W. R. Woodward, Hadlock, Carriek.

Diseases of Women.—Drs. Palmer, W. T. Brown, Ludington, Stubbs, Potter.

Diseases of Children.—Drs. Sexton, C. Woodward, Ludlow, Saunders, Doherty.

Pathology and Morbid Anatomy.—Drs. Bartholow, Carson, Taylor, A. M. Brown, Wolfley, Sittell.

Medical Jurisprudence and Toxicology.—Drs. McIlvaine, Miles, Divan, McMullen.

Physiology.—Drs. Buckner, Rives, Perrine, Gillane, Heighway, C. A. Miller.

Microscopy.—Drs. Kemper, Parker, S. J. F. Miller.

New Remedies and Pharmacy.—Drs. Unzicker, Rosenfeld, Walton, Querner, Peale.

Vaccination and Re-vaccination.—Walker, Heller, Ludington.

THE MIAMI MEDICAL COLLEGE has made the following changes in the construction of its Faculty, to meet the continued ill health of Professor Foote. Prof. Clendenin is transferred to the Chair of Anatomy, retaining Surgical Anatomy; Prof. Foote is transferred to Surgery, to divide this department with Professor Mussey.

THE OHIO STATE MEDICAL SOCIETY will meet on *Tuesday, the 8th day of June, prox.* The meeting will be one of interest, and from the central location, and the attractions of the State Capitol, we hope to see the largest assemblage of doctors the State Society has ever greeted. Besides the Annual Address of Presi-

dent Dunlap, reports are due and will be expected as follows :

Medical Jurisprudence, Dr. Denig; *Hæmatics*, Dr. Hyatt; *Ophthalmology*, Dr. Williams; *Military Surgery*, Dr. Gay; *Fractures*, Dr. Coons; *Climatology, etc., of Kansas*, Dr. Beeman; *Carbolic Acid*, Dr. Connor; *Nasal Passages*, Dr. Mitchell; *Recent Pathology*, Dr. Morse; *Schirhus Uterus*, Dr. Jones; *Anæsthetics*, Dr. Conklin; *Hypodermic Medication*, Dr. Weaver; *Typhoid Fever*, Dr. Hildreth; ; *Cerebro-Spinal Meningites*, Dr. Bell; *Diseases of the eye*, Dr. Taliaferro; *Some Specialities*, Dr. Binkerhoff.

THE CINCINNATI HOSPITAL.—We learn with pleasure that the Staff of this Hospital has decided to devote from eleven o'clock to one *daily* in clinic instruction commencing Oct. 1st. This advance step will render Cincinnati unsurpassed in this country in its clinical advantages for medical students.

Clinics at Cincinnati Hospital for April, May, June, and July.—
 Dr. Davis, Medicine..... Monday, 8. A. M.
 Dr. Wright, Obstetrics Tuesday, 8 A. M.
 Dr. Comegys, Medicine..... Wednesday, 8 A. M.
 Dr. Dawson, Surgery..... Wednesday, 9 A. M.
 Dr. Williams, Ophthalmology..... Thursday, 8 A. M.
 Dr. Bartholow, Pathology..... Friday, 8 A. M.
 Dr. Foote, Surgery..... Saturday, 8 A. M.

NATURE AND TIME IN THE CURE OF DISEASES.—This is the title of an essay by Dr. J. F. Hibberd, of Indiana, for which a prize was awarded by the Massachusetts Medical Society last year. Of course it is an able and carefully written paper, but it does not take the ground, as some might hastily conclude, that nature and time are sufficient for the cure of diseases. Dr. Hibberd is himself a safe and reliable practitioner, and employs drugs in the curative treatment of diseases. If we understand the object of our friend in this effort, it is to demonstrate, as is expressed in the full wording of the title, *the part* taken by these influences in the cure of diseases. Dr. Hibberd does not in any degree attempt to detract from the dignity and importance of medicine, indeed, he expressly stipulates in his concluding

remarks that "medicines have a positive power that can be, and should be made available to assist nature in the removal of pathological stimulants, as in the arrest of pathological activity."

OUR LIST OF RESIDENT PHYSICIANS at the Cincinnati Hospital, as we suspected, was not perfect. Drs. A. J. Miles and Chas. Kearns were appointed on the 1st of March 1863, remaining on duty part of that year; Drs. Insley and Vandervoort succeeded them; both of these gentlemen are well known in our midst; Dr. Miles is connected with the Cincinnati College, and Dr. Kearns (residing in Covington,) holds the Chair of Anatomy in the Dental College.

Dr. Hoeltge was appointed for his second period in January, 1864, and Dr. Bunker in February, 1864—not in the summer of 1863, as we stated. They served only a few months to fill up an interregnum.

CHANGES IN MEDICAL JOURNALS.—Dr. W. A. Hammond retires from all control of the New York Medical Journal; Dr. E. S. Dunster continues in charge. Drs. Parks and Lincoln become editors of the Boston Medical Journal, instead of Drs. Cheever and Wadsworth. Dr. Shorb retires from the post of Assistant Editor of the California Gazette, Dr. McNutt taking his place.

NOTICES OF NEW BOOKS, together with valuable contributions and editorial matter, are crowded out; deferred contributors will not complain so long as we share the same fate; a letter from Boston, and other material already in type, is included in this category.

MARRIED.—On the 28th ult., at Sunnyside, Ky., by the Rev. H. A. Tracey, Dr. J. L. Cilley, of Cincinnati, to Miss Mary P. Hubbard, formerly of Philadelphia.

Obituary.

DEATH OF DR. A. H. STEVENS.—Dr. Alexander. H. Stevens, who died on Long Island, on March 30th, was born in 1789. He graduated at Yale in 1807. He studied medicine in New York

and Philadelphia, and then went to England and France, where he listened to the lectures of Cooper, Abernethy, Boyer and Larry. The war of 1812 being waged at that time, however, he had the misfortune of being captured by British cruisers both on his outward and return trips. Not long after this he became Professor of Surgery in the New York Medical Institution, and Surgeon in the New York Hospital, being a co-laborer of Dr. Valentine Mott in the latter place. In 1841 he was appointed President of the College of Physicians and Surgeons, and soon afterward of the New York State Medical Society. For some time he has been living in retirement.

DEATH OF DR. R. DUNGLISON.—Dr. Robley Dunglison, who died in Philadelphia, on the 1st inst., after a lingering illness, was one of the most eminent physicians of our country, being from 1824 to 1833, Professor of Medicine in the University of Virginia, afterward Professor of Materia Medica in the University of Maryland for two or three years, and from 1836 to 1868 Professor in the Jefferson Medical College of Philadelphia. His long connection with the last named institution brought him before thousands of students, while his Dictionary of Medical Science, Cyclopedia of Practical Medicine and other works, had an immense sale and gave him reputation, both in this country and in Europe. Dr. Dunglison was born at Keswick, Cumberland, England, in 1798, began practice at London in 1819, and came to this country shortly before commencing his duties at the University of Virginia.

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THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D. EDITOR.

VOL. XII.

JUNE, 1869.

No. 6.

Original Communications.

ART. I.—*Non-Ligation of the Umbilical Cord, with Cases.*

By M. B KELLAR, M. D., Late Resident Physician of the Cincinnati Hospital.

Dr. A. F. A. King, of Washington City, D. C., has written quite an elaborate article on the advantages to be derived from the non-ligation of the umbilical cord at child-birth. The points claimed for this new method of treating the funis, are,

1. "That ligation of the umbilical cord in the human infant is unnecessary. This for the following reasons:

a. Because the operation is not required at the birth of any other animal.

b. Because the imagined necessity for it (*viz:* to prevent hemorrhage) does not exist, as distinctly appears from a knowledge of the formation of the cord, and of the structure of its component vessels, as well as from the numerous recorded cases, in which no ligation was applied, and yet no fatal bleeding followed.

c. Because to ligate for cleanliness sake is superfluous.

d. Because it is unreasonable to attach to the process of reproduction in woman so glaring an imperfection, as that the birth of a single child can not be safely completed without a strand of thread upon the umbilical cord.

2. That ligation of the funis at child-birth is in many cases injurious. This for the following reasons:

a. Because it may justly be considered as the cause of *secondary hemorrhage* from the umbilical cord.

b. Because, by interfering with dessication of the cord, and thus preventing its separation, it gives rise to *ulceration of the naval*, and, as not an unfrequent occurrence, *erysipelas, fungoid excrescence, etc.*

c. Because, by maintaining the funial vessels in a state of congestion and distension, from unnaturally retained blood, it causes the *inflammation* of those vessels, and also hinders their normal *obliteration*, thus laying the foundation for *umbilical phlebitis, erysipelas, jaundice, pyemia, etc.*

d. Because, by preventing a normal escape of blood when the cord is divided, and thus causing hepatic hyperemia and congestion of the portal circulation, it may lay the foundation for that innumerable list of fatal infantile affections, which so often appear to originate in congestion of the portal blood vessels.

3. That certainly in *some*, and probably in *not a few*, the operation of ligating the funis has been directly fatal. This for the following reasons:

a. Because numerous cases of death, in which the fatal results were ascribed to ligation, have been recorded by the highest obstetrical authorities.

b. Because, it can be seen how the operation in the cases of still-born children maintains the right ventricle in a state of distention, (otherwise relieved by bleeding of the hypogastric arteries) and thus effectually prevents the renewal of the heart's action when it has stopped, or renders the stoppage complete when it is about to cease.

c. Because, in many instances, the removal of the ligature has saved the life of the infant, *when all other remedies* had failed.¹¹

This, in brief, comprises the advantages claimed for the non-ligation of the umbilical cord at child-birth. I was anxious to see these theories, so plausibly stated, put into practical operation at the bed-side, and in this way ascertain the facts in the case. Being Professor Mendenhall's *intern*—who is one of the obstetricians to the Cincinnati Hospital, and Professor of Obstetrics in Miami Medical College—he very cheerfully allowed me the privilege of using the material in the lying-in ward for this purpose. It should be stated that we had an efficient and intelligent nurse, on whom we could rely, in case anything unfavorable should occur, and I remained within reach in case I was needed.

Thus taking all due precaution to avoid any accidents whatever.

Now in order that the experiments should be as complete in every respect as possible, we first took fifteen cases, just as they came. Some of the women were healthy, while others were sickly, but we took the good and the bad alike in both cases. In these fifteen cases the umbilical cord was ligated, and treated in the old fashioned way. The progress of the cases from the day of birth up to the time of their discharge, which was generally about the fourth week, was carefully watched by myself, and every sign and symptom presented by the little ones was closely observed and minutely noted down. I visited my ward four times in the twenty-four hours, carefully inquiring of the mother as to the state of the baby's bowels, their frequency, color, etc.; how it nurses, whether fretful or quiet, etc. Once in the twenty-four hours I would examine the funis, the abdomen, and particularly the liver, as to its size and tenderness; the skin its color and general appearance.

In a similar manner I took fifteen other case, in which the ligation of umbilical cord *was omitted*, and the progress of the cases were then watched with as much care, visited as often, examined as frequently, in a word, the same minuteness and care was exhibited in both cases.

It will be unnecessary for me to state minutely the progress of the cases in which the funis was ligated. Every practitioner, I dare say, is perfectly familiar with them. I will omit the history of these cases, and merely state the facts as observed by myself. Four cases out of the fifteen had severe diarrhœa, necessitating medical interference, *but no jaundice*. In eleven cases the liver was much enlarged, extending down to the ilium. Seven cases had profound jaundice, with clay colored stools. In four cases the skin presented a slight icteroid appearance, while in the remaining four, the skin was clear, (these, however, were the ones that had diarrhœa,) and as for colic, this seemed to be a complaint shared in common by all, and seemingly these little ones were more troublesome, requiring more attention, appeared more fretful, in a word, they were not as good babies as those in which the umbilical cord was not tied.

It may be well before giving the history of the non-ligated cases, to mention briefly the manner in which the funis is managed. With regard to the *time* of separation, this will be owing to the rapidity of the labor. The more rapid the labor, the

stronger the funial impulse, and *vice versa*. In such cases it is well to wait until the pulsation of the cord becomes feeble, or moderated, before cutting it; while in other cases, where the labor appears neither too slow nor too rapid, you can sever the cord immediately after the child is delivered, with perfect safety, regardless of the functions of respiration, unless it is arrested and the child is suffocating, and *then cut* the cord anyhow, if it bleeds so much the better, the over-distended blood-vessels of the lungs would be relieved, the engorgement removed, and the little one placed in the most favorable circumstances for artificial respiration.

Next with regard to the *mode* of division. The instrument to be used. To pinch the cord in two between the finger and thumb nail would, perhaps, be a legitimate mode of separation, but it is, by no means, easy to accomplish. The *ecraseur* is, no doubt, the best instrument, but a dull pair of blunt pointed pocket scissors is about as good an instrument as any, and besides it can always be had. You hack through the cord, not at one cut, but by a sort of nibbling process; and if bleeding occurs, pinch the free end of the cord between the thumb nail and end of the index finger, a sort of digital biting, until the hemorrhage is controlled.

As regards the *point* at which separation should be made. This is immaterial, provided the pulsation is extinct. We generally cut the funis about two and one-half inches from the navel. As for the dressing none whatever is applied. The old fashioned, time honored navel bandage, with its greased rag is discarded, because it interferes with the process of desiccation, and so prolongs the time at which the cord should separate from the umbilicus; for the slower the cord dries, the longer will it be in separating. The only thing done to the cord when cut, is *to let it alone* to lie by the infant's side.

CASE I.—Anna B——, primipara; aged 19; delivered January 29, 1869, at full term, of a healthy male child weighing seven pounds. Labor was perfectly natural; duration seventeen and one-half hours. Eight minutes after the child was delivered, the cord ceased to pulsate respiration being good. The cord was severed *without ligation*, about two and-a-half inches from the navel, in the manner described above, *without the loss of any blood*. The cord was then deprived of as much of the “gela-

tin of Wharton " as could be conveniently squeezed out or it by the thumb and index finger, in order to facilitate the process of desiccation, which is a desideratum in the treatment of the non-ligated funis. There being no hemorrhage at the time, the cord was cut, nothing further was done to it, but simply *left alone*.

Second Day after Birth.—No hemorrhage; the cord is "drying up" rapidly and collapsed. The child is not fretful; appetite is good, and bowels are normal.

Third Day.—The funis is now brittle, and free from moisture; beginning to detach itself from the navel, as does the apple from the stem when ripe. The infant's skin is clear and fresh; no evidence whatever of jaundice; appetite is good, and bowels are perfectly healthy. No hepatic tenderness or enlargement; does not appear fretful, and sleeps soundly.

Fifth Day.—The funis has dropped off, leaving a healthy umbilicus, to which nothing was applied.

Thirteenth Day.—Baby's bowels have not moved for thirty-six hours; was rather fretful; does not nurse well. Was ordered ʒj of sweet oil, which made all things right. The navel has healed completely.

Four Weeks after Birth.—Child is fat; skin is clear; sclerotic is white; bowels are normal; liver above umbilicus, and no tenderness. Discharged.

CASE. II—Bell C.—, colored; multipara; aged 21; delivered February 1st, 1869, at full term; of a healthy female child, weighing five and three-quarters pounds. The labor was natural, twelve and one-half hours in duration. Two and one-half minutes after the child was born, the funis ceased to pulsate; the breathing being good. The cord was then severed two and one-half inches from the navel by a dull pair of scissors, with the loss of about $3\frac{1}{4}$ of blood, and then treated as before described.

Second Day after Birth.—No hemorrhage; cord somewhat brittle, beginning at points to detach itself from the navel. Baby appears hearty.

Fourth Day.—Funis has dropped off; umbilicus healthy; no dressings applied to it; no evidence as yet of jaundice; liver is slightly enlarged, but not at all tender; appetite is good; bowels appear natural, and sleeps soundly.

Eighth Day.—Navel has healed nicely; bowels are inclined to be loose, but requiring no treatment; skin is clear, that is, free from jaundice; appetite is fair; but is somewhat fretful; no marked enlargement of liver.

Three and one-half Weeks after Birth.—Baby appears healthy, is gaining in flesh; appetite much improved; bowels are now perfectly normal; hepatic dullness diminished. Discharged.

CASE. III.—Jennie Y——, primipara; aged 22; delivered February 4th, 1869, at full term, of a big, healthy boy weighing nine and one-quarter pounds. The labor was rather rapid; the funis unusually thick, (3½ inches in circumference,) with an impulse full and very strong, respiration being good from the very moment the infant escaped from the vulva. We waited, however, twenty-two minutes before the cord ceased to pulsate, when it was severed about two and one-half inches from the navel, with those dull scissors, as directed, with but the loss of about 3ss of blood.

Second Day after Birth.—No hemorrhage; the cord is drying up rapidly; baby is well and comfortable.

Fourth Day.—The funis is now quite brittle, and is detaching itself from the umbilicus. The child eats and sleeps well; bowels are not, as yet, disturbed.

Sixth Day.—The cord has dropped off leaving a healthy navel, to which nothing was applied. Skin is clear; stools are normal as to appearance and frequency; no hepatic enlargements, or in other words, the liver does not extend to the umbilicus; is not at all fretful; appetite is good, and sleeps soundly.

Forty-first Day.—Discharged fat and hearty. No evidence of jaundice; never at any time being annoyed with colic or irregularity of bowels, either in the form of diarrhoea or constipation.

Nothing especial to say in regard to case four, five and six for they progressed favorably under similar treatment, and the results were essentially the same. Case seven, however, was complicated with *slight* hemorrhage, for it was slight because the blood lost made no impression whatever upon the child. The labor in this case was a very rapid one for a primipara, second stage was only half an hour in duration; the child was a very large one, weighing nine and one-eighth pounds. The cord and vessels were also large, and the pulsations full and strong. Anxious to see what would follow in case the funis was severed

under the circumstances, I cut the cord about two and one-half inches from the navel, as soon as the infant was delivered, *while the funis pulsated strongly its entire length*. The result was the loss of about $\frac{3}{4}$ of blood, the hemorrhage being promptly arrested by simply compressing the free end of the cord between the thumb nail and the end of the index finger. The case progressed favorably from this out. No more hemorrhage; the funis dropping off the fifth day, leaving a healthy navel. No jaundice; liver normal; bowels natural; never at any time fretful; appetite always good, and rest always sound. Was discharged in four and one-half weeks well and hearty.

Nothing new to report in regard to the cases eight and nine.

CASE X.—Kate P——, aged twenty; primipara; delivered February 24th, 1869, at full term, of a child weighing seven and three-quarter pounds; labor natural, duration twenty-one hours; waited five minutes before the cord ceased pulsating. The breathing being good, the funis was cut as before. On cutting the cord the blood flowed in jets from its free end, with considerable force for a short time, when the stream became continuous. The hemorrhage continued in spite of the digital compression which was made, until a decided impression was made on the child, when the flow ceased of its own accord, and the little one's health continued the very best. The mother bled so profusely after the placenta was delivered, that after trying all the ordinary means recommended for the arrest of uterine hemorrhage, friction, ice, ergot, etc., we were forced from the urgency of the case, for the patient fainted once, to inject a solution of the persulph. of iron into the cavity of the womb, as recommended by Prof. Mendenhall, which arrested the hemorrhage promptly, and leaving no bad effects behind.

On the fifth day the funis dropped off. Skin clear; bowels normal; appetite good; rests well.

Five Weeks after Birth.—Discharged to-day; liver normal; skin clear; appetite fine; bowels healthy, and not very fretful.

The other five cases presented nothing new. Had no hemorrhage on severing the funis worthy of note; the cord dropping off about the fifth day; no evidence of jaundice; not often annoyed with colic; bowels were very regular; appetites were good, and sleep was sound.

ART. II.—*Puerperal Convulsions, with Cases.*

Of all the diseases connected with parturition, not one is more justly dreaded than convulsions, supervening, as they often do, without the slightest warning, distorting the patient's features till her nearest friends would scarcely recognize her, it is not to be wondered at that the attendants fail to use promptly those means that might prevent physical injury from muscular spasm. With those who rarely meet these cases, such is generally the case. To the country practitioner these cases are truly trying. Miles from counsel, no instruments to terminate a labor already far advanced: a few drugs, and his *lancet*, with which to combat the dread foe; and then, under the extreme pressure of responsibility, with but a short time to reflect, he fails to use promptly and thoroughly the means he can command. Under these circumstances should we wonder at the mortality in these cases, the dread in which they are held.

From the text books we glean but little as to its pathology, which is as yet very imperfectly understood. From our periodical literature nothing but successful cases, unsuccessful ones never see the light, and an occasional, very casual notice in the report of some society committee. Its causes, so far as known, or supposed, are uremic poisoning, albumenuria, cerebral congestion and uterine irritation, and by some, a changed condition or action of the uterine nerves. To the changed condition of the nerves I can not assent, but that the others, either singly or combined, are its causes I believe correct, and as applied to cases classified as to the time of occurrence, susceptible of proof: class first, before the commencement of labor; class second, during labor; class third, subsequent to labor.

As illustrative of the above position, I present three of seven cases occurring in my practice since the year 1864.

First Class.—Mrs. H——, aged thirty-three; multipara; supposed herself at eighth month; complained August 1st, 1864, of giddiness, lassitude, and extreme drowsiness; bowels constipated; urine small in quantity, very high colored; pulse full but weak, quick and about ninety per minute; skin dry, and occasionally hot to the touch; stomach irritable.

Treatment:

R.—Ol. Ricini 1½℥. Sig. at once.

Act. Pot. 15 grs. Every two hours.

Aug. 2nd. Oil operated; urine not increased; skin moist; drowsiness increased. Examined urine; found it loaded with urates, and a mere trace of albumen; says she has not felt any movement of fœtus since yesterday at 5 P. M.; pulse, 100, jerking and feeble. While talking to Mr. H., she was seized with convulsions lasting fifteen minutes. On coming to, felt a barely perceptible move of child; this was the last movement felt. This convulsion occurred at 2 P. M., another light one at 8 P. M. Uterine pains every fifteen minutes for past hour. Examined and found os well dilated. Convulsions recurring with the return of pain, and increasing in severity. Used chloroform freely, but without any marked benefit. Having waited two hours for arrival of counsel sent for, I proceeded to turn and deliver, which was effected with but little trouble, as the uterus was acting rather feebly. I then bled, taking thirty ounces. After the bleeding there were no convulsions, but some little coma, which was relieved by cold to the head and purgatives. Child still-born.

Second Class.—Mrs. R——, multipara; aged twenty-seven; taken in labor 29th of July, 1867; short full habit, with exception of slight headache and some nausea for two or three days past; has felt remarkably well during her entire pregnancy. When I reached her at 3 P. M., I found the head distending the perineum. This was barely done when she went into a convulsion, the severest I ever witnessed, lasting until the occurrence of the next pain which expelled the head, and thus enabled me to complete the delivery. The placenta immediately followed the child. I bled taking eighteen ounces, and then resorted to chloroform; two hours after, the convulsions continued though abated in force; but as they decreased in violence there were indications of unusually deep coma, verging, as I believe, upon apoplexy. I withdrew the chloroform, and bled to twenty ounces, with the happiest effect. This lady made an excellent recovery. The child lived twenty hours, and died in convulsions; it weighed eleven pounds. The urine contained excess of urates and a small quantity of albumen.

Third Class.—July 23rd, 1868, called to Mrs. O——, age nineteen; spare habit; in labor all the previous night; delivery complete at 10 A. M., and the linen changed. I arrived at 6 A. M.; found pulse 98, full, jerking, strong; complaining of cramps in the forearms. I had treated this lady for albumenuria for the past month to but little purpose, as the stomach was so irritable as to reject almost everything but milk, and to bleeding she would not consent. Nine hours subsequent to labor violent convulsions ensued. I drew 285 of blood. One very light one followed the bleeding; and the bowels responded to 15 grs. jalap given three hours previously. In this case the albuminous urine still exists, though in a very slight degree, and at times almost undetectable. This case was primipara, and is of note as it occurred in a very slim and rather tall person, who had suffered from scarlatina just one year previous, predisposing to the albuminuria.

A few words as to the cause of fetal death in the first class

1. Its vitality is lowered by the action of the poisonous blood acting on a not fully developed nervous and arterial system.

2. Upon supervention of convulsions the circulation is irregular and insufficient. For it is unreasonable to suppose that a poison that will produce in the adult male, or cause so serious a disease as convulsions in either sex, can circulate in the fœtus without producing serious derangements, either modifying if not completely changing its tissues, especially the nervous portions. It is also well established that the coloring matter of the blood becomes greatly reduced in these cases; this with the presence of urea is sufficient to destroy the feeble vitality of the child in utero. May not the above condition of the mother's system have much to do with the constantly occurring abortions, where it can not be traced to a certainty to some other disease existing, or to external cause?

I may not have offered anything new in the above, but as I have treated seven cases in the past four years, two of which died, I could not well resist reporting them, and giving my *ideas* of the causes, and *views* of the treatment. Chloroform and purgatives are becoming all the vogue. They are both able adjuncts, but to rely upon them to the exclusion of the lancet, appears to me retrograding; and in convulsions during labor, with the strong, convulsive, muscular and uterine contraction, forcing the blood upon the brain, its use becomes hazardous, as its action is

to send the blood in on the nerve centres. (See remarks of Dr. Wood on fatal case from chloroform last year.) The blood is also rendered less coagulable, a still more favorable condition one would suppose towards effusion into the ventricles, in this disease, especially the second class.

ART. III.—*Poisonous Bites.*

By O. C. GIBBS, M. D., Frewsburg, N. Y.

In the January Number of the *Lancet and Observer*, Dr. D. J. Gilliam has an article under the interrogatory heading, "Are Rat Bites Poisonous?" That article brought to my mind a very painful experience, though not altogether pertinent or illustrative, yet, perhaps, not altogether unworthy of mention.

In the fall of 1860, I saw, at the market stand in Jamestown, several pickerel, caught in the Chatauqua Lake. With the view of purchasing, I picked up one, by passing the forefinger of my right hand into the gills. On laying it down, the mouth closed, and a sharp and slender tooth penetrated the finger, producing a sharp and momentary pain, that sent a nervous thrill throughout my entire system. Though the wound was almost imperceptible, yet it bled quite profusely. Being next door to a drug-store, I stepped in, and washed off the blood in a basin of water, used, perhaps, for rinsing vials in, and then wound the finger tightly with a rag, taken from a pile of paper rags. For the next two days, the wound was not a source of pain sufficient to occasion further thought.

On the third day the finger was quite painful, and on the fourth day the pain extended up the arm to the shoulder, and was very severe. On the fifth day I was obliged to suspend all labor, and keep the house. The pain was the most excruciating I ever experienced, and extended to the entire system. The head, lungs, heart, in fact, the whole body, was the seat of the most intense agony. Retching and vomiting were almost incessant; appetite, there was none, and sleep was entirely out of the question; sweat flowed freely, so as to drop from eyebrows and nose, and coursed freely down my cheeks and body generally. Opium brought no relief, or, at least, seemed not to, nor alcoholic stimulants, in even very free doses. Chloroform, by inhalation, only brought relief.

By the seventh or eighth day, gangrene commenced in the extremity of the wounded finger, which was promptly checked by appropriate treatment, and a day or two after the finger was freely laid open, which, it should be observed, was no more painful than other and more remote parts of the body. The incision was not followed by the escape of *pus*, nor did it bring the least relief to my sufferings. Two days after this, however, pain ceased wholly and almost instantaneously, in all parts of the system, except the comparatively insignificant pain incident to a wounded finger. To this day the fine sense of touch is almost entirely lost in that, to a physician, very important member, the index finger of the right hand.

Now the question is, was the wound made by the tooth of the dead fish poisonous? Or was poison absorbed from the water, in the basin in which the hand was washed, or from the cloth with which it was done up? It should be remembered that the wound bled quite freely at first, and doubtless would have continued to do so. Situated as I was, to freely stain the market floor, or pavement upon the streets with fresh blood was not desirable, and hence the finger was tightly bound up as soon as practicable.

If not poisoned from either of the above sources, then was there probably a *blood-vessel* or *nerve* wounded and inflammation the result? From the free bleeding it might be inferred that a vein was punctured, and the pain the result of phlebitis. From the momentary thrills throughout the system at the instant of the puncture, it might be inferred that a nerve was wounded and neurilemmitis the result. I confess I was not in the best of conditions for studying the cause of the symptoms. Will some one more experienced in such cases, give their opinion upon this case?

[When a lad I was struck in the hand from the "horn" of a cat-fish, resulting in inflammation, swelling, and purulent discharge, the process requiring about seven or eight days. E. B. S.]

ART. IV.—*Case of Strychnine Poisoning.—Tincture of Iodine used
as an Antidote,*

By JAMES J. ROOKER, M. D., Castleton, Indiana.

I was called in haste to see a young man, Mr. A——, who was suddenly taken ill, January 23rd, 1869, 10½ P. M. Found him suffering from violent tetanic spasms of almost all the muscles; the head thrown back; respiration difficult from spasms of the respiratory muscles, congested appearance of the face, with a wild or anxious look, eye-balls prominent, and staring, pupils dilated, pulse, in time of the most violent spasms, quick, and hardly perceptible at the wrist, in intermission full, regular and one hundred to the minute; in short, Mr. A., had all those symptoms peculiar to poisoning from strychnine, and being acquainted with the previous history and surroundings of my patient, fully satisfied me as to what I had to contend with.

He was promptly chloroformed, and the following administered piecemeal, as soon as the effect of the chloroform commenced to pass off, consuming several moments, owing to the spasmodic stricture of the muscles of the throat.

R.—Tinct. Iodine,
Sulph. Ether aa ʒss,
Aqua ʒij.

About this time Dr. Nesbit, a neighboring physician, arrived, corroborated my diagnosis and treatment.

January 24, 3 o'clock, A. M.—Spasms much lighter, mind clear, and can articulate. Up to this date has taken three doses of the iodine and ether, in all about three tablespoonsfull; complains of burning in stomach, for which mucilaginous drinks were ordered.

8 P. M.—Has had general spasms all day, with almost constant twitching of the muscles; no iodine administered since three o'clock this morning; mucilaginous drinks continued with Ext. Cannibus Ind. in small doses every two hours. Suffice it to say that from this time on he made a slow, but gradual recovery, complaining of "stiffness and soreness of the muscles," for several days.

Dr. Wm. Fuller, Sr., physician to St. George's Hospital, published an article in the *Lancet* for June, 1868, entitled "*Iodine an Antidote to Strychnine Poisoning, etc.*" He remarks: "In whatever sequence the ingredients are mixed, I find that the whole of the strychnine is precipitated by the tincture of Iodine. Indeed, so strong is the affinity between the two ingredients that two fluid drachms of tincture of iodine are capable of decomposing six fluid drachms of the liquor strychnine, producing an insoluble compound of iodine and strychnine." From this Dr. Fuller suggests the propriety of using tincture of iodine as an antidote to strychnine.

This article has been pretty thoroughly copied into foreign and domestic journals, apparently all conceiving that Dr. Fuller has made a discovery. For the benefit of such, they are referred to a little book published in 1855, entitled "*Chemistry for Beginners. By Wm. S. Brown. Poisons and their Antidotes.*" page 121. "*Strychnine—Dilute Tincture of Iodine.*"

As to whether this is original with Dr. Brown the Lord only knows, for there does appear to be nothing new under the sun. So far we will have to claim this for American medicine.

But is it an antidote? From a series of experiments made by myself on pups, cats, and other animals, last summer. (*Lancet and Observer*, for September, 1868.) I am inclined to think the antidotal properties of iodine in strychnine poisoning are worthless. Believing that in the case of Mr. A., we simply kept him alive with other drugs, until the poison had spent its force. But for the benefit of Dr. F., and others, I make this report.

ART. V.—*Chloroform in infantile Convulsions.*

By GEORGE W. AKERS, M. D., St. Louis, Miami Co. Kansas.

Sunday, February 7th, 1869. I was called in great haste to see an infant daughter of Mr. and Mrs. F——s', age about two and a half months, very small and delicate, (would weigh about nine pounds,) who, was thought to be laboring with, "*cold.*" to use the expression of my informant. I found the patient with great irritability of the alimentary canal, bowels badly constipated, and threatened with convulsions. I ordered the warm bath to the extremities, with cold applications to the head, hyd. cum.

creta, combined with an anti-spasmodic, to clear the bowels, and counteract the tendency to convulsions.

Monday morning, I again visited my little patient, the mother of the child said she had just emerged from a very bad "*choking spell*," but which proved to be a convulsion, as it was, soon after my arrival, repeated, and with very great violence. As soon as the child could swallow, I gave it chloroform Miv, suspended in water, which was soon after followed by marked improvement in all the symptoms. As her bowels had not yet moved since my visit the day before, I ordered rhubarb, to be combined with the mercurial preparation, together with castor oil, and spts. turpentine, per rectum, chloroform Miv, each four hours, for the purpose of controlling the convulsions, *which it did in my opinion*, as she had but *one* convulsion, after the first dose of chloroform was administered, and that before taking the *second*. This treatment was persevered in, until the stomach and bowels were thoroughly cleansed of all offending substances, when convalescence was rapid and complete.

Now, Mr. Editor, I report this case, not merely to show that a case of infantile convulsions, was cured, but rather to show what I believe to be the effects of chloroform over this very dangerous and fatal disease. I trust it may be of some benefit to the profession, and thereby be the means of saving some suffering infant from an early grave; this is the only excuse I have to offer for reporting the case.

ART. VI—*Pelvi-Peritonitis*.

Read before the Academy of Medicine by C. D. PALMER, M. D., Cincinnati, Ohio.

CASE I.—Mrs. T——, aged twenty-seven; of sanguine temperament: has been for years a constant sufferer from uterine disease. She has been treated both constitutionally and locally, for the same by several physicians here and abroad. An examination revealed chronic, cervical, and corporeal endo-metritis; the uterus hypertrophied and prolapsed. She complains on account of profuse muco-purulent leucorrhœa, of menorrhagia, and metrorrhagia, and much pelvic distress. As complications, there are vaginitis, urethritis, and pruritus. Strange to say there is but little constitutional disturbance. Local applications of tinct. iodine comp., by means of cotton wrapped on a probe, were

made to the whole uterine cavity twice per week. Nitrate of silver, causing great hemorrhage, was further desisted from. Tepid water injections to remove discharge from vagina, and to relieve complications, were used. Rest and nutritious diet enjoined, and one-sixteenth grain of bichloride of mercury dissolved in Huxams' tinct. of bark, given three times per day after meals.

This treatment was persevered in for three months. It succeeded in reducing the size of the enlarged uterus, healing the ulcerated and inflamed mucous lining, removing the complications, and relieving the functional derangements. The prolapsed organ ascended into the pelvis from a diminution of its size and weight, and called for no direct support.

The patient soon passed from my observation, but it seems that within a year she had a return of her trouble, and fell under the care of another physician, who, according to her statements, injected the womb with a strong solution of the nitrate of silver, during an attack of metrorrhagia; almost immediately following, the most violent pain was set up within the pelvis, speedily followed by great tenderness over the lower abdomen, high fever, vomiting, etc. She recovered, however, after a serious sickness, and confinement to bed of about two weeks, sufficiently to walk around. She came now again under my observation. There was present not only the old disease, but more. The uterus was nearly immovable in the pelvic cavity. A tumor, the size of a walnut, was detected in the left posterior cul-de-sac, hard, resisting and tender to touch.

It is very easy to see that inflammation of an aggravated kind had been lighted up in the uterus and surroundings, by the intra-uterine injection. At the next menstrual period, which came on after a lengthened interval, the abdomen was very tender, somewhat tympanitic, and menorrhagia was very profuse. A digital examination of the tumor, as soon as menses had ceased, showed increased size and produced more pain. The uterus was displaced, in its cervical portion, anteriorly and to the right. The treatment which was instituted for this complication of things, consisted of the internal use of the bi-chloride of mercury as before; counter irritation with fly blisters, mercurial ointment, and tinct. of iodine, constantly maintained for months. To the cavity of the uterus was applied the comp. tinct. of iodine, and the cervix dressed with a lotion composed of iodide potassium,

dissolved in glycerine, by means of a wad of cotton, and copious warm water injections directed against the cervix, after the manner recommended by Fordyce Barker.

At each menstrual period the tendency for a relapse of the disease was marked, but it gradually diminished, and I considered my patient well after some five months of treatment. That her disease had been pelvi-peritonitis, in conjunction with endometritis I believe.

There can be no doubt that there is still present some peritoneal adhesions around the uterus, but the tumor has entirely disappeared from the cul-de-sac, and the latter is not tender. The uterus is quite mobile. The patient menstruates rather irregularly as to time, with intervals of from four to five weeks, though not too freely. I am inclined to believe that the peritoneal inflammation has involved, the ovaries to a degree sufficient to interfere with the physiological process of ovulation.

CASE II.—Mrs. M———sent for me on the night of March 16, 1868, in great haste, during a violent storm of wind and rain. She had been rather unwell for several days, and was pregnant about two and one-half months. She was very nervous, much agitated from fright on account of the storm, and just coming out of a chill. She complained of severe pain within the pelvis, and tenderness in hypogastric region, which, during the few hours that I remained with her increased in severity. The bowels soon became tympanitic. Hot fomentations over the bowels, with opiates by mouth and rectum, after emptying the latter with enema of soap and warm water, gave some relief. She was confined to bed about a week, in the meantime aborting a blighted ovum. There remained more or less tenderness over the region of uterus, with pelvic pain, confining her to her room, when during the night of April 20th, I was again sent for in haste. The symptoms which had, at first, ushered in the disease, were repeated now in an aggravated form. The menses returned the day before, and began now to flow very freely; pain and tenderness extended itself over most of the abdomen. The constitutional symptoms were such as we find from active inflammation. A digital examination per vaginam revealed great tenderness in cul-de-sac all around the uterus, more particularly on left side. On the third day a tumor formed at this point, and the uterus became less movable, and any attempt at moving it resulted in an

increase of pain. She was treated with hot fomentations of turpentine; blisters over bowels; and internally a grain of opium at first, then two grains every three hours until symptoms abated. Patient was able to sit up in about ten days, but continued under treatment several months before a cure was effected.

CASE III.—Mrs. B.———had an abortion in fourth month of utero gestation. She had been flooding for several days, but instead of seeking the advice of a physician, continued about her household duties, to encourage the flow, in order that she might miscarry. She is the mother of several children and has always had a bad getting up. She had, on my first visit a peculiar anxious expression of countenance; considerable pain in uterine region; tenderness over abdomen, greatest in right iliac fossa; bowels tympanitic; skin hot and dry; tongue red and dry; pulse full and 120; lochial discharge free; formation of tumor larger than in two preceding cases. On second day of attendance, resisting, very sensitive and tender to touch in the right posterior cul-de-sac. Uterus fixed, and displaced subsequently to the left, and nearly the whole pelvic roof tender and hard. She was treated by fomentations, repeated use of blisters, opiates, and subsequently by counter-irritants, with tonics and alteratives.

The frequency and the importance of pelvi-peritonitis have induced me to offer these three cases with some remarks. There are few points in pathology that have occasioned more dispute and discussion among recent gynecologists than this. So little, till of late, has been known concerning this disease, that we have only an occasional mention of some points in its pathology, by most of our best authorities. It has not been but recently that it has assumed the rank of a *distinct* disease. A careful search of works on gynecology of to-day, would convince an experienced one that pelvi-peritonitis was not a distinct pathological entity. Thus *Bennet* fails to give mention to the disease. *Tilt*, in his very last edition on "Uterine Therapeutics" speaks of it only as a complication of uterine inflammation, acknowledging, however, its frequency. It escapes the attention of *Simpson*, *Churchill*, and *West*, while *Graily Hewitt* does not describe it, but contradicts the statements of *Bernutz* as to its importance, claiming for it only a position as a complication of cellulitis. Although almost all

British gynecologists have opposed the expressed views of *Bernutz*, we are inclined to believe that *Dr. Duncan*, of Edinburgh concurs with him. It is almost unnecessary to state that *Bedford*, *Hodge*, *Meigs* and *Byford* make no mention of it, the latter, however, freely discussing peri-uterine cellulitis. *Scanlon* speaks of pelvi-peritonitis as peri metritis, very briefly, and unsatisfactory, and regards the disease as chiefly puerperal. In fine, the only satisfactory and worthy descriptions we possess, excepting that contained in the work of *Gaillard Thomas* of this country, are from the French. *Mad. Boivin* speaks of immobility of the womb from peritoneal adhesions, and describes pelvi-peritonitis, in its varied stages of effusion and adhesions. *Aran* gives the notes of cases, especially the tubercular form. The admirable work on diseases of Women by *M. Courty*, devotes considerable space to the subject. But he who has done more and better than all else to establish the fact that pelvi-peritonitis is an important, distinct and frequent disease is *M. Bernutz* of Paris. In 1857 he published, in connection with *M. Goupil*, a series of "Memoirs on Diseases of Women," which have been translated by the Sydenham Society of London, in two volumes, a larger portion of one being devoted to this disease.

An analysis of the symptoms and signs of the three cases related above shows the essential features of this disease. Thus, there was great pain within the pelvis; excessive tenderness over hypogastric region; tympanitic condition of bowels; menorrhagia; constitutional disturbance indicating a local inflammation of so important a structure as the pelvic peritoneum; the pelvic roof being tender and resisting; the formation of the characteristic tumor in the cul-de-sac in all the cases; in two in the left posterior, and in third in right posterior; it became very tender and hard; the uterus became partially fixed and displaced, and any attempt at moving it by touch increased pelvic pain. There was the tendency for relapse of the disease well marked at the menstrual period, and no suppuration took place in any of the cases.

These symptoms have been frequently observed and noted in times past, but up to *Bernutz's* time almost invariably regarded as dependent upon engorgement of uterus, metritis, ovaritis, peri-uterine cellulitis, etc. There can be no doubt that the terms pelvic abscess, pelvic cellulitis, peri-metritis, have been, and are still used to express inflammation within the female pelvis,

without special regard to the tissues affected. *Bernutz* has well said that "future knowledge of uterine pathology is as certainly subordinate to an acquaintance of this affection (pelvi-peritonitis,) as pulmonary pathology has been to complete knowledge of thoracic serous membrane."

There was a time when pathologists spoke of fluxions of the chest, but such a loose term to express a morbid condition would not now be tolerated.

Since the publication of *Bernutz's* work, Prof. Thomas says: "I have directed my attention particularly to this point, and from careful observation, both clinical and post-mortem, feel warranted in recording the conclusions at which I have arrived in the following propositions:

1. Peri-uterine cellulitis is very rare in the non-pregnant woman, while pelvi-peritonitis is very common.

2. A very large proportion of the cases now regarded as instances of cellulitis, are really those of pelvi-peritonitis."

Bernutz has well established the anatomical fact that the band of cellular tissue, surrounding the lower portion of the uterus is very thin, and that inflammation attacks by choice this tissue, where it is most abundant, as in the broad ligaments. The peri-uterine swellings do not arise from inflammation of this thin ring of tissue, for if this involved the tumor due to pelvi-peritonitis it is increased very slightly thereby. There are those who deny this, among whom is *Farre*. *Courty* says: "Never is there an inflammatory tumor of any considerable size found in the pelvis exclusively at the expense of the peri-uterine tissue. Autopsies have demonstrated that it always results from more or less extensive inflammation of the peritoneum itself." *Bernutz* made a large number of post-mortem examinations, which showed the pelvic peritoneum to have been extensively inflamed; the effusion of serum, exudation of corpuscular lymph, formation of bands of adhesions, presence of the tumor, fixedness of the uterus, with its displacement according to situation of tumor, without, in a single instance, any complication whatever of the peri-uterine cellular tissue. The symptoms of the cases, on whom the post-mortem examinations were made, were such as are usually ascribed to peri-uterine cellulitis.

When we take into consideration the causes capable of producing pelvi-peritonitis, viz., blenorragia, parturition, abortion, menstrual suppression, and injuries of pelvic viscera, as improper

use of sound, and intra-uterine injections, the operation of hysterotomy, and also cancerous and tubercular deposits, it is not a matter of surprise that the disease is a frequent one.

Blenorrhagia produces it by extension of inflammation through continuity of tissue, along the vagina, uterus, and fallopian tubes, to their fimbriated extremities; just as in the male, gonorrhœal inflammation is extended from the urethra, along the vas deferens, to the epididymis, and then to the tunica vaginalis. In fact, pelvi-peritonitis has been aptly called feminine orchitis, the pelvic peritoneum of the female, corresponding to the tunica vaginalis of the male. There *does* seem to be an anatomical peculiarity of the pelvic peritoneum of the female when inflamed, to limit itself, the abdominal portion escaping.

Post-mortem examination, we are inclined to believe, will prove pelvi-peritonitis to be of frequent occurrence. The pathologist knows that there are but few autopsies, no matter from what disease or injury the subjects have died, which do not disclose *pleuritic* adhesions, more or less firm or numerous, if made on adults passed the middle age of life. Is the pelvic peritoneum of the female less exposed to disease and injury than the *pluræ*? Some have even ventured to assert that a slight attack of the disease occurs after every normal labor; but this is, perhaps, saying too much, and, is denied by so good an authority as *Klob.*

Pelvic peritonitis frequently results in sterility. The ovaries may become covered with, and imbedded in false membranes; sufficient organic change may take place in them to hinder or prevent the physiological process of ovulation; the fimbriated extremities of the fallopian tubes may become fixedly displaced, preventing their instinctive application to the ovaries, or their orifices may become obliterated.

Pregnancy usually causes increase of pelvic pain when the disease is chronic, until the uterus rises out of the pelvis, after which it is often attended with benefit to the patient.

The diseases with which pelvi-peritonitis are most liable to be confounded are pelvic hæmatocele and peri-uterine cellulitis, especially the latter. The tumor of pelvi-peritonitis rarely suppurates, as is the almost invariable consequence of peri-uterine cellulitis. It is generally situated in the posterior and lateral cul-de-sac. Its peculiar shape and size can easily be determined by bi-manual explorations. It, at first, presents only some

resistance, but soon becomes more tense and prominent, and finally hard. It is very rarely felt above the pelvic brim, like that of cellulitis.

Dr. Duncan, of Edinburgh, read before the Medico-Chirurgical Society, March, 1866, accounts of two cases of encysted serous effusions, situated in the recto-vaginal space, following peritoneal inflammation, from which there was drawn f3viiij and f3ix, respectively, of transparent fluid. *Simpson* mentions a case in right hypogastric region, as high as mid-way between the pubis and umbilicus, and from right side of belly beyond median line, which when opened, from the character of the fluid, made an onlooker suppose the bladder had been punctured. There can be no doubt that some of these cases suggest an explanation of reported and supposed cases of ovarian dropsy, simply by tapping, or by spontaneous bursting into the peritoneal cavity. *M. Huguier* regards such cases as very doubtful, and *Dr. Duncan* coincides with him. Since post-mortem examination gives no verification that ovarian tumor was present, it is reasonable to believe the subjects of treatment to have been serous cysts.

To distinguish between ovaritis, and pelvi-peritonitis is sometimes an impossibility. There are no means at our disposal to differentiate slight attacks of latter in region of the ovaries, from inflammation of these organs proper. Autopsies tell us that ovaritis as a distinct disease is very uncommon, and pelvi-peritonitis localized to region of ovaries, quite common.

A correct diagnosis of pelvi-peritonitis is of utmost importance. A careless observer may detect the uterine displacement and regard it, in a chronic case, the cause of pain, then attempt to reduce it, much to the injury of the patient. It is unnecessary to dwell upon the importance of recognizing this disease when existing as a complication of uterine inflammation and ulceration. Here local treatment must be carried on very cautiously, especially, if within the uterine cavity.

As to treatment, it has been indicated in part. The general principles which guide and govern us in the treatment of inflammation of serous membranes, acute and chronic, hold good here.

Translations.

*Laryngoscopy.—Resume from the May Number of the Lancet.—
Continuation of the Consideration of the Epiglottis.*

BY THOS. C. HENRY, M. D. Cincinnati, O.

“The epiglottis varies very much in different individuals. It may be large or small, broad or narrow, long or short. The normal coloration of it is apt to be mistaken by those unaccustomed to the use of the laryngoscope for congestion of the mucous membrane. In some persons only the upper surface can be seen; in others, when the epiglottis is drawn tightly to the tongue, only the under surface is visible. In some cases on account of its inclination, only the profile of its free edges is visible in the mirror. In these cases the valve is represented by a thin line. In the centre of the free edge is a slight notch, which gives to the epiglottis its foliate appearance; but the free edge of the valve is often more turned upon itself, so that in reflection the notch is lost sight of, and the border appears sound.—*Morrill Mackenzie.*”

“Very often the epiglottis is more irritable than the interior of the larynx, and to overcome this the best plan for the operator is to pass his finger behind the epiglottis and pull it well forward several times, and then to teach the patient to do it himself, with directions to repeat it frequently during the day. When the epiglottis is very much depressed the patient must pull it forward more frequently to cause it to assume an erect posture. A patient can be taught to raise the epiglottis with the finger of one hand, then with the other hand to pass a sponge probang along the back of the finger down to the larynx. In this way the sensibility of the part will be lessened, otherwise we must employ the epiglottic pencette.”—*Dr. J. Solis Cohen.—New York Medical Record, Sept. 1, 1867.* “I have often myself,” says *Dr. Turck*, “twisted my forefinger partly into the epiglottis to raise it up.”

Cartilages of Santorini, Arytenoid and Wrisberg.—When one has completed the examination of the anterior surface of the epiglottis by turning the mirror well upward and backward in the back portion of the mouth, there is brought to view a whitish part,

being the cartilages of Santorini, placed near the posterior face of the pharynx. By locating the mirror still more backwards, at the same time more vertically, one gains a view of the interior of the larynx, and observes a substance of the shape seen in Fig. 25, and the arytenoid cartilages, and those of Wrisberg, (the latter not often, except in the negro,) at the same time, the rapid opening and shutting of these cartilages, and the vocal chords themselves, especially during coughing or the like. The throat mirror must here be in the manner referred to in the figure at the points *a a*, exposing the inner portion of the larynx more fully, more clearly shown by thus depressing strongly the mirror, with the handle at the same time elevated. If the patient will intonate the diphthongs æ, œ and ah, or the French sound eu, the tip of the epiglottis will be raised. The object in view is to cause the angles of incidence and of reflection to be reflected at the right height, an adjustment which requires practice, (Garcia.) By instituting hard breathing on the part of the patient, or deep inspiration, the observer may view the cartilages of Wrisberg, (when they are to be seen at all,) by quiet breathing those of Santorini. It is very essential the observer should preserve the median line in inspection, and that the mirror should then, afterwards, be turned to the sides in succession. The Sinus pyriformis can be distinctly viewed only by preserving the median line. By adopting these measures the posterior portion or wall of the larynx, and parts therein contained, can be thoroughly inspected.

Diseases of the Laryngeal Cartilages.—The throat mirror proves to us the occurrence of inflammation in the arytenoid cartilages, as also in those of Santorini and Wrisberg. Very commonly in connection, the vocal chords and the adjoining portions of the larynx suffer at the same time; not rarely are other portions of the larynx at the time exempt from disease. Czermak lately has alluded to the occurrence of inflammation in these cartilages, and of the vocal chords at the same time, and states, "that immobility of both parts was thereby induced." In phthisis laryngea the thyroid, cricoid and arytenoid cartilages, epiglottis and rings of the trachea are exposed to ulceration. This process gradually eats into the attachments of the cartilages, which produces displacements of their attachments, specially of the arytenoid, which embarrasses the breathing, and ends in necrosis.

In inflammation of the mucous membrane of the cartilages of Wrisberg, Santorini and the arytenoid, the character of the affection can be readily detected by its reflection in the throat mirror, appearing much congested and ulcerated, often with the entire surface of the greater portion of the vocal chords adjoining the larynx. The inflamed mucus membrane of the musculus arytenoideus, and that of Santorini, show also equally surely appearance of uneasiness and pain, notwithstanding there is a normal condition of the main portion of the canal; in many cases paralysis seems a probable result. Furthermore the compression of the larynx from the front to the posterior wall, causes pain, induced by the inflammation of the cartilages above alluded to; as Czermak, in one of his late cases, alludes to this trouble, stating, at the same time, that immobility of the joints of the cartilages, and the impaired action of the chordes vocales was manifest. In cases of self dependant action, and in Typhus and variola there occurs, as late authors, for example, Dittrich have mentioned, the following early alterations. A part of the cricoid cartilage, most of the posterior face of it; some part of its anterior face is bathed in an ulcerated, yellowish exudation. Of the perichondrium there is rarely a vestige to be found. The partial relaxation in some parts is accompanied, not rarely with softening of the structure of the cartilage, and evident attenuation of its free edges. In the tedious course of the disease, there occurs, not seldom, a self dependant perichondritis, partially ossified, or it is found to have lost its bright color, character and aspect, and changed to a dirty, greenish color, or to a blackish brown hue. Besides it suffers by its texture changing to a gelatinous consistence, or crumbles in disintegration in one granulous mass. The walls of these abscesses are few in number, infiltrated with colored exudation, the inner sides with their greenish surface, and parts bathed in exuded matter. With more prolonged disease, the parts are seen to be of a more consistent blueish green in color, with fatty degeneration. Some parts of the texture are not recognizable, not seldom in the point of junction as the cartilages, between the cricoid and the arytenoid ulceration corrodes. Often, also, is one arytenoid cartilage entirely ruined. The more extended neighborhood of the abscess is greater or less, varying much, combined or not with oedematous swelling. The termination of the inroads of abscess leave portions contracted in one case, exposed in another, and located

either in the cavity of the larynx or pharynx. In some recent cases Dittrich is stated to have found the under located hinder portion of the wall of the pharynx, in a space demolished, ulcerated, and of a yellowish color, usually it is common to find the exudation flowing downwards.

In one of Wilk's late reported cases, it seems in this connection there was an occurrence of extensive emphyema of the skin. A twelve year old boy was suffering from a severe attack of typhus fever, the individual referred to was in Guy's Hospital, London. About the twelfth day of the onset of the disease, there was noticeable on his neck an emphytematous swelling, which in a few hours after its appearance, extended to his breast and arm; this condition remained ten days, when he died. The sectio mortis showed besides ulceration of the bowels of a typhus character a succeeding extensive opening through which one passed to the left by means of a sound in the groove between the trachea and the aesophagus. At this place the air in the mediastinum posteriorly was reached, and had extended to a considerable amount*. It evidently seemed to depend on a quantity of suppuration partially demolishing the cartilage. The appearance of perichondritis in the living individual is characteristic viewed laryngoscopically. I am the first one who thus proved and demonstrated the first cases of perichondritis of the cricoid and arytenoid cartilages.

"The coughing of purulent, offensive sputa, mingled with fragments of cartilage, taken in connection with other symptoms, makes us certain in regard to the nature of the disease, but always leaves it undecided to what extent the local affection has reached, and where its seat may be. In diagnosis aided by the laryngoscope, we have some difficulty in distinguishing perichondritis from a severe swelling of the submucous tissue. An affection of the anterior portion of the arcus cartilaginis cricoidea can be recognised by means of the laryngeal mirror only when the cavity of the larynx is well formed, and there is abundant mobility of the vocal chords. The epiglottis is thickened in all cases, and mobility impaired."—Dr. Adelbert Tobold of Berlin.

* For ster uber den Typhus in Schmidts Jar buch 1863, Bd. 117, pp. 110.

Hospital Reports.

CINCINNATI HOSPITAL.

Service of Prof. C. G. COMEGYS.

Reported by DR. J. W. DAWSON, Resident Physician.

CASE.—*Chronic Laryngitis and Trechitis.*—John C——, late a soldier in the regular army, was admitted to this House on the 9th of April, with the following history: Was taken sick about six months ago; his illness commenced with chilly sensations; these were followed by fever; the chills and fever (as supposed) did not trouble him long; they were followed by an harassing cough, which has gradually become worse; says he never has had syphilis.

Present Condition.—Patient is a man of scrofulous diathesis, is of moderate build, and his muscular system is well developed. His breathing is of a laborious and loud wheezing character, so loud that it is audible over the entire ward. Aphonia complete, which he says has existed for three days; pulse 120; respiration 24; temperature 100; bowels open; appetite pretty good but the act of deglutition causes great distress as it occasions much pain. Ordered an *ice bag* to be applied over the larynx, and good diet.

Physical Examination.—Percussion; normal resonance over chest; dullness over liver increased in extent; auscultation; vesicular murmur feebly heard; sonorous and mucous rales heard over entire chest; heart sounds normal. The urine was examined and found to be normal.

April 10. Slept poorly last night; dysphagia relieved and ice bag ordered discontinued. I was called at 7 A. M., in haste to attend him in what were supposed to be his last moments. I found the patient lying on right side in a most distressing condition of dyspnoea. His breathing was gasping, eyelids half closed, and globes of eyes rotated upwards; a marked lividity of face; cold, clammy sweat present over entire body; his pulse was flickering, and the mind entirely lost. The other residents were sent for and arrived in a short time. We all thought the patient

could not live. An inhalation of lime water was ordered and given. In the mean time it was decided to open his trachea, and preparations were at once made for the operation. The patient had been placed in position, but the breathing began so much to improve that it was decided to wait a few minutes longer. His breathing continued to improve, and it was thought advisable not to operate. Prof. Comegys came at 8 A. M., in answer to a notification, and prescribed the following :

R.—Ammoniae Carbonatis, \mathfrak{z} i.

Aqua Minthæ Pip, \mathfrak{z} iii.

Syr. Simpl., \mathfrak{z} i. M.

S.—A tablespoonful every three hours ;—and to be inhaled,

R,—Acidi Tannici, gr. xxx.

Aqua distillata, \mathfrak{z} iv. M.

To have beef tea “ad libitum.” An injection of soap suds to be given hourly until bowels are moved. In addition to the above a solution of nitrate of silver, (grs. xi to \mathfrak{z} i of water,) was applied, at intervals, to larynx with a probang. Prof. Foote, (one of the Staff Surgeons,) was asked to see the case at 9 A. M., to consult in regard to a tracheotomy for his relief. He expressed the opinion that it would avail nothing at present. He was requested to keep himself in readiness for any emergency.

April 11. Slept at intervals last night ; says he feels better, and that his voice is returning. He vomited several times during the night, the matter vomited consisting of the ingesta, intermingled with biliary matter. Bowels have moved twice ; pulse 120 ; respiration 26 ; heat 100 ; tongue coated, and presenting numerous patches of ulceration.

April 12. Breathing much easier ; still reports himself as feeling better. A laryngoscopic examination was made, but owing to great irritability of throat was not complete ; but the larynx was seen to be œdematous. Inhalations and swabbing continued.

April 13. Did not sleep any last night on account of pain in his head. His breathing seems easier this morning, so much so that he does not complain of it as heretofore. Another examination to-day by laryngoscope showed an improvement in the œdema of the glottis ; pulse 100 ; respiration 24 ; heat 100 ; bowels open.

April 14. At morning visit seems to be better; no dyspnœa; still complains of his head; towards night the pain in head grew worse.

Post-Mortem Examination.

April 15. About 4 A. M. I was called to see him and found him dead. The nurse reports: "He had no difficulty. The only complaint he made was about his head. One half-hour before death he remarked that he felt 'awful bad,' and began to sink."

April 15. Post mortem held ten hours after death; post mortem rigidity well marked; abdomen—liver much enlarged, spleen also enlarged and very soft, breaking down under pressure, kidney much congested; chest—lungs healthy, heart normal; larynx—granular condition of mucus membrane of pharynx, (follicular pharyngitis,) epiglottis also slightly granular, and but little swollen; mucous membrane of glottis, swollen, and œdematous. Extensive ulcerations of tracheal mucus membrane from rima glottidis to bifurcation. The ulcers extending through to basement membrane in all situations and in some places penetrated to the submucus connective tissue. Large cauliflower granulations having very red summits are developed from basement membrane, and from submucus connective tissue. These granulations produced narrowing of trachea, especially well marked near the lower boundary of ulcerations. This case is reported merely to show the extensive ulceration of the trachea.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT,

M. A. WILSON, M., D. SECRETARY.

Report of the Committee on New Remedies and Pharmacy.

By J. S. UNZICKER, M. D., Chairman.

Sulphate of Anilin.—In a former report we gave the use of this remedy in spasmodic diseases. Lately it has been used in Vienna successfully in chorea, hysteria, and in an obstinate case of pain in the foot of long standing, that had resisted all other remedies given, which was finally cured by the administration of gr. 2 of sulphate of anilin thrice daily.

Carbolic or Creasotic Soaps.—Their reputation is not established, and seem to have been gotten up to make money, rather than for other purposes. (A. Phar. Association Report.)

Adulterated Carbolic Acid.—“Is frequently met with in market, according to the very able report of Dr. E. R. Squibb to the Am. Pharmaceutical Association, where the name of the maker is omitted. There should be no confidence in it. It can be very much reduced with water, and yet sold as crystallized acid. Crystallized carbolic acid means nothing without the temperature at which it fuses. Perfect crystallized specimens are said to be met with melting at various temperatures between 61° and 108° F.”

“To the enterprise of Messrs. F. C. Calvert & Co., England, the world owes mainly the practical application of the scientific knowledge and research of Runge, Laurent, Williamson and others, in regard to this subject. Their pure crystallized carbolic acid No. 1 is a very beautiful product, hitherto rarely seen among us. It is very dry and white, showing no signs of discoloration by light. The No. 2 medicinal acid shows but little liquid even at summer temperature, but is not so nice as No. 1. The No. 3 is still of lower grade, and contains much liquid. In the treatment of burns and scalds, carbolic acid is the best application known at the present day, and so far as intense pain and its depressing effects, during the early stages of these accidents is concerned, it leaves little to be desired. There is a very curious point in relation to this substance to pain, which the writer has never seen noticed, and which is worthy of note and investigation. If a part of the hand or foot be burned and painful, the pain is much relieved by putting the part in an elevated position, as is well known. If to a burned surface the solution of creasote is applied too strong, the pain appears to be but imperfectly relieved, and if the part be then elevated, the pain and tingling is much increased. This is the bare fact, confirmed by repeated observations, and when taken in connection with the circumstance previously mentioned, that the burning and irritation caused by the application of strong creasote to the skin, is increased by holding the part in an elevated position, it seems to indicate that the pain of burns, and of erysipelas, etc., may be supplanted and replaced by the pain of the creasote, when this is applied too strong or too freely, and that the test is that

while the original pain is relieved by the draining of the blood out of the part, the superinduced pain, or pain of irritation from excessive use of creasote is aggravated by this procedure."

Sweet Quinine.—On this article a report was received from an old physician, personally known to the writer as a close observer, with an extensive experience in the treatment of fevers in the northern part of Ohio. He says: "I find I can administer the sweet quinine where I cannot the bitter, and its tonic effect is more lasting and certain, and have given it in cases of debility with very happy results, in two gr. doses twice or three times daily. It acts as a prompt antiperiodic also. In a case of tertian fever where I had used the bitter quinine for some time, but could only check it for a week or two, I gave the sweet quinine in the same dose, (5 gr. thrice daily,) and there was no return of the chill, although three months have passed since. Being satisfied with its prompt action, and, at the same time, it being less obnoxious to the patient, I made up my mind to substitute it for bitter quinine in my practice."

Scapnia.—"This," he says, "I have tried in a few cases where morphia or opium was indicated, and find it causes less prostration and unpleasant sensation of the head or stomach than is generally the case where opium or morphia is given."

Opium.—At the present high price of opium we must expect to meet with many sophistications of that drug. But even without these, we could never expect a uniform effect of either the powder, or the various tinctures of that article as made. Different specimens of opium, yielding from six to twelve per cent. or more of morphia, the actions thereof must necessarily vary in the same degree, consequently no reliance can be placed on the dose given, all is guess work, unless the strength of the drug is first determined by assay. A proof of this is given by the regular effects produced by a solution of bi-meconite of morphia, which is made by all conscientious pharmacutists, by first determining the quantity of morphia obtained from the opium used. When this is not done, the strength of this preparation will differ as greatly as in the other.

Case Illustrating the Antagonism of Atropia and Morphia.

Reported by Dr. G. R. PATTON.

I was summoned 3 P. M., April 10th, 1859, to a case of severe hemicrania, in a lady thirty three years of age. She had just returned from Chicago, where she had been under treatment six days. She informed me that she had been long a victim of neuralgia, and was not at all impressible by narcotics from their habitual use, once having taken at a single dose six grains of morphia, with no effect beyond slight somnolency and partial relief of pain. Relying too implicitly, as the sequel will show, upon this assertion, I injected, very injudiciously, at once, the entire capacity of the hypodermic syringe, equivalent to two grains of morphia. In less than five minutes all pain had subsided with symptoms of decided narcotism; in ten minutes her state was altogether alarming; pulse 30, full and laboring; respiration 10, with stertor; profound coma; surface becoming cold and clammy; pupils the size of a pin's head. Between artificial respiration, electricity, and atropia, I chose the last. While absent to get it, nearly ten minutes, I directed cold effusion of the head and chest. On my return narcosis was so profound that any efforts at resuscitation seemed useless; deglutition was impossible; surface cold; pulse hardly perceptible; respiration four or five per minute; unconscious.

The 1-16 of one grain of atropia was injected with no manifest effect at the end of three minutes. Quite in despair, artificial respiration was attempted; but this appeared to be so much at the risk of driving out the little spark of vitality yet remaining that another 1-16 of atropine was at once substituted therefor. In five or six minutes I was gratified to find that the pulse could be counted; the respiration more frequent; pupils dilated a very little; surface becoming warm; occasional subsultus; insensibility still complete. I now injected 1-16 more of the atropia. Fifteen minutes afterwards the pupils had dilated to a mere rim, with faint indications of returning consciousness. Ten minutes later she clutched her throat, endeavored to raise up in bed and speak; skin warm and moist; respiration easy and regular; pulse 112, small; mouth and fauces parched; swallowed a teaspoonful of water with difficulty.

During the next hour sleep although deep was disturbed, apparently by the dryness of the throat and involuntary move-

ments of the hands and arms. At the end of the second hour from the time when the morphia was injected, she sat up, drank some brandy and water, and said "everything looks very dark." She also complained greatly of persistent itching of the entire cutaneous surface, with a queer creeping sensation in the throat. pupils a little less dilated,

6 P. M.—Sleeps longer; thirst not quite so urgent; less irritation of the skin. At 10 P. M. found her comfortable, but feeble. Pupils about twice their natural size; thirst and constriction of throat still great; respiration and pulse more frequent than natural. Ordered brandy and beef tea. At ten o'clock the next morning she had recovered from the neuralgia and narcotism excepting considerable dilatation of the pupils.

Remarks.—It will be noted that one-quarter of one grain of atropine was injected to neutralize the effect of two grains of morphine, an amount, probably, more than was necessary, as the subsequent symptoms indicated pretty decided narcotism by atropia.

On reflection since, I have thought that life would not have been endangered from the morphia, had I ceased with the second portion injected; and recovery too might have been more pleasant and rapid.

The antagonistic action of opium and belladonna is now so clearly recognized, that we may, with great confidence, have recourse to either one as remedial of the effects of the other in any case, in which a poisonous quantity has entered the circulation. There being no data, however, for the management of such cases, prudence and safety would suggest the propriety of injecting definite amounts at sufficiently long intervals to allow the effect of any previously injected portions to be fully observed, and cease as soon as an amelioration of the more dangerous and urgent symptoms resulted.

Dr. E. B. Stevens said that in further confirmation of the of the antagonistic relations now supposed to exist between opium and belladonna, he had been called to see a case in consultation with Dr. Perrine, where the poisoning was from an overdose of atropia. Relief was secured after a reasonable time by the administration of morphia in full doses.

Dr. Bartholow also remarked upon the well established antagonism between these two agents.

Correspondence.

LETTER FROM DR. WHITTAKER.

ROME, April 1st 1869.

The weary pilgrim exhausted with the labors and privations of his journey, scarcely hailed with more delight the spires of his distant shrine, than did our little party, worn with a session's toil, welcome the approaching beauties and glories of our Italian town. Never were fond anticipations and long cherished hopes more fully and thoroughly realized. Ours has been the privilege, since last we wrote you, to descend into the bowels of the earth in exploring the wonderful caves of Adelsberg, to have drifted in full reverie on the grand canal of Venice, the queen city of the seas, to have roamed the rich galleries of Florence, the fairest city of earth, to have gazed into the fearful crater of Vesuvius, almost stifled with her sulphurous fumes, to have wandered through the beautiful cities of Genoa and Milan, and finally, and with innermost gratitude do we write it, to have ransacked old Rome to the centre, primeval, eternal Rome. Curiosity has been sated to the core as we traversed the streets and dwellings of Pompeii, the newly exhumed city of the dead; the happy reminiscences of school life called forth fervently and anew as we stood at the grave of Virgil, overlooking the city of Naples, and the keenest longings from boyhood days entirely satisfied, and with full inspiration at the scene, as we surveyed by moonlight the entrancing grandeur of the ruins of the Colosseum at Rome, and yet we have not been altogether unmindful of you, dear editor, in your prosaic chair in our far distant home, and have endeavored here and there to pen you a note, which, if you will not regard it as a contribution to the general lore, may still prove of personal interest in a non-professional way.

The status of medicine in Italy is low. In music, in poesy, in sculpture, painting, and architecture the same, glory still lingers about her as in the days of her pristine vigor. In all the professions, not even excepting theology, disregarding now the high dignitaries of the church of Rome, she has suffered a fearful retrogression. The spirits of Volta, Morgagni, and Scarpa

might blush indeed at beholding the best positions held by imported skill, while multitudes of her students are compelled to seek instruction in foreign schools. The fine arts may still flourish in a land so replete with classical glory that inspiration may be drawn with every breath, while science pales like a plant in the dark for want of the careful hand of culture, and Italy to-day offers this singular spectacle. What could be expected of medicine among a people who but a few years ago, during the prevalence of the last cholera epidemic, in the belief that they were conspiring against the public weal, hunted down and drove out like criminals physicians who were sacrificing their all in the faithful performance of duty?

But Italy's future is brighter; relieved from Austrian oppression in the north, and freed from Bourbonic tyranny in the south, she has now only to combat against the vices of herself. The moral atmosphere of North Italy is comparatively pure; South Italy beggars all description in degradation and credulity, and the degenerate sons of Rome herself have nothing whereof to boast.

The principal medical schools are situated at Bologna, Florence, Pisa, and Turin. The University of Bologna ranks among the most ancient in the world. Founded as early as 1119, it rapidly gathered students from all parts of the globe to the number in 1216 of ten thousand. The chairs of medicine, theology, and jurisprudence were ably filled with the talent of the land, and the reputation of the school attained a world wide celebrity. A curious feature in its history was the occasional appointment of females of scientific renown to fill certain of the professorial chairs, and famous among these were Laura Bassi, on mathematics and physical sciences, Clotilde Tambroni, on Greek, Mme. Manzolini on Anatomy, and Novella Andrea, of whom it is said that she was compelled to conceal herself behind a curtain during her lectures to prevent her great personal beauty from distracting attention from her subject. It was at Bologna that anatomy was first taught in the 14th century, and it was here, towards the close of the 15th, that Joseph Galvani made the discovery which has transmitted his name to all time. At present the number of students in all departments is only about four hundred.

Florence possesses a magnificent collection of anatomical models in wax, perhaps unexcelled in the world, the labor of Clement

Susini and his successors Calenzuoli and Calamai. The first series of chambers were filled with preparations of comparative Anatomy, the entire muscular and digestive systems, even the egg formation in all stages of development of the chicken, were most accurately displayed, with most exquisite colored preparations of the head and eyes. The rabbit, dog and sheep were exemplified in the same careful manner in succeeding rooms, and then followed the chambers devoted to human anatomy. Osteology, syndesmology, etc., in regular arrangement, with a minuteness of detail truly wonderful. Sections of the head in every direction, exhibiting ganglions and vessels in a manner almost impossible to ordinary dissection; the various organs separately or in situ, the breast, the uterus and appendages, the lymphatics of the entire surface, etc., implying a most profound knowledge of anatomy, as well as the rarest skill. It was in Florence too, among the paintings in this, perhaps, the richest collection in the world, in a picture portraying the birth of a noble infant, that we became cognizant of the fact that the assemblage of condolers and congratulators at this interesting period was as prodigal in the days of yore as it continues to be to-day. We counted eight women, four children and three dogs in the chamber which was additionally provided with a number of statues as mute spectators of the scene.

While we were doing the sights of Venice, we directed our gondolier to row us to the hospital, and we were not a little surprised at being conveyed to a large, handsome building, with a magnificent facade bearing the inscription, "Ospedale Civile." Our surprise ceased, however, on learning that the building was formerly a convent, one of the multitude which Victor Emmanuel so summarily suppressed. The front is graced by two lions at the base and a large winged lion, the armorial of Venice in her palmy days, above. Passing through a broad, long hall, ornamented with statues, and paved with a marble floor, we were conducted through the well arranged culinary department, the wash-rooms etc., out into the pathological rooms, which were tolerably well stocked with material awaiting examination, and then up into the various wards. The rooms were all fine, lofty apartments, some with elaborately carved ceilings, all with marble floors, and a few still preserving the beautiful altars of former service. Altogether it was a comfortable place for an invalid,

and we were somewhat surprised to learn that practice was not in unison therewith. It is still the habit for the poorer classes to present themselves yearly for annual venesection.

Of course in roaming among these immense galleries of paintings which enrich every city of Italy, we encountered depictions of every variety and phase of human passion, and there exist a few from the olden time which portray some scenes that bear on medicine. In the "La Belle Arti" at Venice there is a representation of a consultation of physicians, which amused us not a little. Three medical gentlemen were present, one standing before the patient seated in a chair examining the pulse, and two with long, venerable gray beards, contemplating each other in profound cogitation. We longed for an animating wand that we might have transmitted you the results of the serious deliberation. The picture among others was exhibited as displaying the curiosities of costume, it is needless to state it had another merit to us. Then there was a portrayal of a death in child-bed. The mother on a couch in the centre of the room, with death stamped on a lovely face; the father bending over in the agony of grief, the nurse with the innocent, unconscious newly born at a large urn of water. For the benefit of the physiological, or rather psychological student, we might also mention that there is an antique statue of Leda and the metamorphosed Jove in the archæological department of the palace of the Doges, which in minuteness of detail far exceeds the celebrated pictures in the museums of Dresden or Berlin.

The University of Padua, founded by Emperor Frederick II., obtained its greatest celebrity about the middle of the fifteenth century. Its great renown as a school of medicine convoked students even from Mahomedan lands. Handsome colonnades were constructed in the sixteenth century on which were inscribed the names and escutcheons of distinguished "Cives Academici," and a series of statues were erected by the city in commemoration of the "Auditores Patavini," who achieved fame in after life. Among whom Savonarola, Sobieski, Tasso, Ariosto, Petrarch and Galileo. Here Harvey received his degree in 1602, Evelyn was a student in 1645, Galileo and Gugliemi were among the professors of Philosophy, and Fallopius and Morgagni of medicine.

Naples has a huge poor-house containing, we were informed, four thousand five hundred rooms, and even this is insufficient to provide for the wretched, miserable beings, wholly dependant on

charity. The mode of interment in her cemetery for the poor, the "Campo Santo Vecchio," is singular enough to merit notice. The grave-yard is a large field containing three hundred and sixty-five different cells. A new cell is opened every morning, and the one in use the previous day closed for the year. The corpses are prepared for burial by being stripped nude, and the hands and feet tied together, and the bodies, lowered by a rope, are dropped or rather chugged down among the decomposing heaps of the same day a year ago. Of course the better classes are scarcely so reckless.

Genoa, a city with scarcely a third the population of Cincinnati, contains three hospitals, and also an immense *Albergo di Poveri*, which accommodates some 2,300 inmates.

Pisa, though sadly degenerated, still possesses the finest school in Tuscany; formerly seven hundred students congregated within her walls, now scarcely half that number. Redi, Castelli, Dempster, Malpighi, were all professors here. In the hall surrounding her Campo Santo, which certainly should merit the name, as the court is filled with fifty ship loads of dirt imported from Mt. Calvary, there is a large, old and almost effaced painting representing the births of Jacob and Esau. The depiction of astoundment and wonder of the nurse who regards the little red and hairy arrival, is too good to escape.

Milan possesses the finest hospital in Italy, the "Ospedale Maggiore," and one of the best in the world. The vast, extensive, terra cotta faced building contains no fewer than nine courts, one of which is surrounded by a handsome series of arcades. The entire structure was erected at the individual expense of one Francisca Sforza in 1456, and has since been almost entirely conducted by private funds. Its administration has been characterized by the utmost charity, without regard to nativity, religion or means, and its dispensary distributes medicines gratis on receipt of a physician's prescription. It accommodates two thousand five hundred patients, about twenty-two thousand are annually treated.

Turin possesses a flourishing University, now with some sixty professors and twelve hundred students in all departments. Unfortunately we were unable to visit this city, and can hence forward you nothing more.

Among the curiosities we should have mentioned when in south Italy are the instruments found in the excavations of Pompeii.

Among a collection of knives, scissors, forceps, etc., there is one of those ancient, massive, uterine dilators which consists of three steel blades at right angles to a broad, powerful screw. When the blades were inserted and the force applied, it is easy to conceive that the soft parts yielded, indeed it would be easily seen that but a slight additional turn would be necessary to dilate the pelvis too.

Our defective knowledge of the language unfortunately, and our limited allotment of time, for the interval between the sessions is scarcely more than a month, impedes us everywhere in gleanings facts, but sufficient has been sent you, we trust, if not to enable you to form a conception of the status of medicine in Italy, at least to give you an idea as the whereabouts and what-about of your absent friends.

J. T. W.

LETTER FROM BOSTON.

BOSTON, MASS., March 12th, 1869.

EDITOR LANCET AND OBSERVER: The commencement exercises of the Harvard Medical School were celebrated on Wednesday last, at the Medical College, before a large and appreciative audience of those interested in medicine, notwithstanding the inclemency of the weather.

Prayer was offered by the Rev. Dr. Peabody, and dissertations selected from those submitted by the graduating class were read on the following topics: 1. Hemorrhage. 2. Ergot of Rye. 3. Digitalis Purpurea. 4. Cerebro-Spinal-Meningitis. 5. Hip Disease. 6. Hypodermic Injections.

Prof. Henry J. Bigelow, Dean of the Faculty, conferred the Degree of Medicine on fifty-eight graduates, and that of Dental Medicine on six. Forty gentlemen received their Degrees in July making a total of one hundred and four graduates for the year.

Prof. E. H. Clarke pronounced the Valedictory Address, which was well received. It contained many *piquant* passages that seemed to be thoroughly appreciated. No report can do justice to the orator, but I give you a brief abstract as reported in the *Advertiser*:

Knowledge, he said, had made double the progress during the last half century that it did the previous fifty years; and med-

icine, in connection with the other sciences, had moved forward with no unequal step. As medicine advanced it sustained new relations to God and to humanity, and it was well occasionally to fix its position, ascertain its relations, and then take a new departure. It was especially fit that students just going out into the world as medical practitioners should consider the true relations of the science of medicine to the other sciences, and to the community. The relation of medicine to the other sciences was too vast a theme to be discussed at the present time, the speaker said, and he then proceeded to consider the relations which medicine sustained to the community. There were three distinct important and mighty forces at work everywhere, which were wrought into the fibre of civilization, and made our country what it was, which moulded the individual and community, and from whose influences none escaped. These forces were the agencies by which the community was educated, by which it was governed, and those that represented the spiritual guide there were education, law and religion—the school, the state and the church—the teacher, the lawyer and the priest. Medicine bore to education the relation of a part to a whole as the latter included the former. Schools and colleges were not the sole or chief teachers of the community. The press was more potent than the school, and public opinion, the child of the school and press, instructed with authority equal to its parents. The school, the press and public opinion were the educators of the age, and neither of them could be ignored. They did not hesitate to discuss any subject, scientific, sacred or profane. The students in the class before him had been taught to seek for and prove truth, and in its demonstration to respect no dogma or statement which did not bear upon its front the stamp of truth. The tendency of the age was in favor of teaching physiology in the public schools; this was not formerly so, but now the public demanded it. To ridicule and denounce this was useless, and might be injurious. Teaching the rudimentary branches of physiology in schools, should be fairly tried in the best manner, and the medical profession should aid in the trial by furnishing good text books, and giving such directions as their experience dictated were necessary to ensure success.

The newspapers went where schools and colleges were unknown; they discussed every subject freely, and medical men should see that this discussion was carried on in an intelligent manner. Whether it was wise to discuss medical subjects in public journals

could only be determined by experiment, and the speaker was in favor of giving it a fair trial. Physicians of the best class, he said, should not refuse to contribute the results of their experience in important matters. Public opinion was an exponent of our civilization, and the physician should seek to mould it into the best form; to guide it from superstition, falsehood and error, to light, wisdom and truth. He should pursue a straight-forward, simple course, eschewing all mystery and all humbug. The public should be made to know that drugs, while they could not cure, might facilitate nature's process of cure; though they could initiate no new force, they could aid the force which already existed.

Woman now claimed admission into the medical profession. The question had been forced upon the community, and it would have a hearing and answer. Whatever she could do she had a right to do, and, eventually, would do. The real question was not as to her right, but as to her ability, whether her organization and development would allow her to perform the duties of the profession. There was nothing in the nature of medicine to forbid woman from entering it; the question was whether in the toil of the medical profession, she could successfully compete with man. If her organization was adapted to it, no law, argument or ridicule would prevent her successfully engaging in it. Neither the medical profession nor the community should throw obstacles in her way; let the experiment be fairly tried, and fifty years would prove whether woman was adapted to the work or not. The speaker was in favor, however, of having separate schools in which to give medical instruction to males and females.

Prof. Clarke gave the students some good advice in relation to their conduct, if they should ever be called to the witness stand, and spoke of the relation of medicine to law. He also referred to the intimate character of the relation of medicine and religion. Medicine was to religion, he said, what matter was to the mind; and in both all superstition, arrogance and dogmatism should be set aside, and only that accepted which could be demonstrated to be a part of the august body of truth.

At the close of Prof. Clarke's address, the exercises were concluded with a benediction by Dr. Peabody.

From the fifty-fifth annual report of the Trustees of the Massachusetts General Hospital, for 1868, I find that the expenses of the Hospital were \$67,564 47, and the receipts \$43,904 50, leaving

a deficit of \$23,659 97. At the McLean Asylum the expenses have been \$142,535 39, and the receipts \$133,037 29, leaving a deficit of \$9,498 07, which added to the deficit shown at the Hospital, makes a total of \$33,158 04. This is reduced \$17,034 50 from income for general fund, and from the Hospital Life Insurance Co., thus leaving a net deficit for the year of \$16,124 50. No year since 1859, has shown so large a deficiency, except 1864, when it reached \$26,299 56.

In the above account no charge is made for rent of land and buildings, but only the current expenses necessary for the care and maintenance of the patients.

Dr. Shaw, the Resident Physician, reports, that the total number of patients admitted during the year was 1,265, against 1,206 the previous year; that there were 771 free patients, against 626 the year before, while the average number was 102, against 104 in 1867, and 95 in 1866. The average time of treatment of patients during the past year was remarkably short, being three weeks for paying patients, and three and a half weeks for free patients, the latter being the shortest time shown since 1841.

The average weekly cost of each patient was \$12 74, being \$1 46 higher than for 1867, and \$1 14 lower than for 1866. 5,624 persons have been treated as out-patients during the year, being an increase of 711 over the previous year. In the dental service—in connection with the Dental School, teeth have been extracted and filled for 1,078 persons.

The number discharged during the year, was as follows: Well, 458 males, 299 females; much relieved, 61 males, 42 females; relieved, 98 males, 57 females; not relieved, 37 males, 27 females; not treated, 50 males, 21 females; dead, 67 males, 18 females; insane and eloped, 7 males, 1 female.

The proportion of deaths to the whole number of results was 7 per cent. Ninety-eight patients were received on account of accident. At the close of the year 127 patients remained, 66 medical and 61 surgical. Twenty-three per cent. of the free patients were female domestics, 22 laborers, 15 mechanics 17 children.

Among the out-patients treated, there were 121 cases of dislocations and fractures, 46 tumors, 94 lacerated and incised wounds. 79 felons, 150 abscesses, 88 contusions, 93 diseases of joints, and 32 cases of hip and spinal disease.

The hospital library contains about 720 volumes. One or two abstracts from the Trustees' report will suffice:

The Trustees say that the condition and prospects of the hospital have been, during the past three years, the object of their careful solicitude. The year 1866 was, in many respects, a critical one with this department. The expenses reached the sum of \$68,786 50, an amount never reached before, and nearly fifty per cent. in excess of the average of the previous ten years, which was \$46,036 62. The average number of patients fell to 95 against 138 in 1864, and 131, the average of ten previous years. The number of free patients was reduced to 556 against 1181, the average of seven previous years, while the cost of paying patients exceeded the sum paid by them, by \$16,271 24, or more than one hundred per cent., making the excess of this single year greater than the total excess of the seven previous years added together. This state of affairs was caused partly by the high prices of commodities, but chiefly by the opening of the new City Hospital, where the best accommodations and professional skill were offered to the poor of the city. But it has been, and still is, the opinion of the Trustees that, notwithstanding the establishment of this hospital, whose administration is so good, and whose means of support so unlimited, the usefulness and reputation of the long honored institution which they represent may still be maintained at its accustomed level. To accomplish this result in the best manner, they say is the object of their constant endeavors. They believe that the erection of the new Operating Theatre, giving the best facilities to patients, surgeons and students, is an important step in the right direction. They trust that the means at their disposal for the support of free beds may be so much increased, as to enable them to take charge of at least as many free patients as at present, without drawing upon the general fund for their support. They are now considering whether they may be able to afford accommodation for the treatment of special diseases, such as those of the eye and ear, of the skin, diseases of children, incurable diseases, to the relief of sufferers and the improvement and diffusion of scientific knowledge.

Although the results of the year are not, in all respects, such as the Trustees could wish, they see some signs that the measures already adopted are beginning to produce the results aimed at, and that the general policy which they have marked out promises success. Meanwhile, they are satisfied that the affairs of the hospital, so far as they lie within the control of the resident physician, are managed with fidelity and skill.

At the Asylum the number of patients under treatment, January 1st, 1869, was 176. Admitted during the year 92—38 males and 54 females; average number 166; weekly cost of each patient \$16 51; whole number treated during the year 270, males 126, females 144; dismissed, 94—males 45, females 49; recovered, 34—males 16, females 18; much improved, 7—males 3, females 4; improved, 22—males 10, females 12; not improved, 8, four of each sex; died, 23—males 12, females 11.

Dr. Tyler's report contains an interesting *resume* of the history of the Asylum since it was opened fifty years ago. The first patient was admitted on the 6th of October, 1818. A father asked for admission for his son, and the Committee of the Trustees spent three hours in endeavoring to learn all the particulars of the case. The father believed his son to be one of those spoken of in the Bible as possessed with a devil, and when asked what remedial measures he had adopted, replied, that he was in the habit of whipping him. The patient, however, made a permanent recovery. The report is exceedingly interesting, and closes as follows:

"The simple statement of results accomplished by the Asylum in the half century of its existence, has an eloquence of its own. Five thousand four hundred and fifty-seven persons have been admitted, and five thousand two hundred and eighty-one have been discharged. Of the latter, two thousand five hundred were *recovered*; two thousand and thirty-four were in the various conditions registered as much improved, improved and not improved; seven hundred and forty-seven have died.

"The records of this institution present a history of deep and remarkable interest, practically displaying the beauty and efficiency of real Christian charity wherein the benevolent and unselfish spirit which prompted abundant gifts of money, and always stood watchful and open-handed for the relief of human suffering, is not more eminent and striking than the wisdom, scrupulous integrity, and hearty, liberal, untiring kindness, conspicuous in the administration of the trust. This ought not to fail to be a most effective stimulant to those who have any part in the conducting of its daily operations, to equal zeal, disinterestedness and fidelity."

B,

Congenital Abnormalities.

ZIONSVILLE, INDIANA, May, 1869.

The April number of the *Lancet* and *Observer* contains a report of a case of "Monstrous Birth," with reflections by Dr. E. Mendenhall. He describes the monstrosity as follows: "The posterior portion of the cranium, the cervical vertebra, and a portion of the upper dorsal were absent. The appearance was that of a frightful wound inflicted by some projectile, which had carried away all that portion of the cranium lying posterior to the middle of the anterior fontanelle and above the attachment and behind the ears, scooping out in its passage a portion of the cerebral substance and the vertebra, as before stated, and then emerging from the centre of the space, betwixt scapula. The surface appeared to be covered with medullary matter, diffused over with blood and the whole enveloped with a thin pellicle or transparent covering, which had probably contained an aqueous fluid."

After stating that every effect in nature or the material universe is the result of some pre-existing producing cause, he proceeds to express a belief that the aberration from the ordinary course of nature, in the developement of the monstrosity, was induced by an image impressed on the "sensorium commune" of the mother during the formative process of the fœtus. About the sixth week of pregnancy the mother "saw a cat lying dead, with its bowels hanging out, and the top of its head shot away or covered with blood, at the sight of which she screamed and fainted." She subsequently gave birth to a child presenting the peculiarities described, and the gentleman fancied that he could, in the defectively developed child, recognize the peculiar features of a cat. Hence the announcement of a newly discovered physiological relation between the material organism and the fœtus in utero.

Now, as hereditary peculiarities of form, features and disease are primordially inherent to the ovaric germ, or impressed during the process of fecundation, while all other peculiarities, whether consisting in excess, deficiency or perversion of development, depend upon a modification of cell-genesis, and can in no wise be ascribed to the maternal organism, would the gentleman then announce as a newly discovered physiological law that an

image impressed on the "sensorium commune of a highly sensitive and susceptible subject" during the formative stage of the fetus will so alter the mystic handiwork of cell-genesis as to develop from a fecundated human ovum an object having the peculiar form and features of a cat? Why should images impressed on the "sensorium commune" of the mother cause an aberration of the developmental force of the fetus, when such impressions have no perverting influence upon the histogenetic force of the maternal organism? What anatomical or physiological relation is there between the maternal mind and the fetus in utero, that will warrant the promulgation of such a *notion* as a physiological verity? Would it not have been more rational to have regarded the case reported as one of *hydrorachitis*, and that the peculiarities described were caused by arrested ossification of the occipital bone and cervical and dorsal vertebra, that during the process of parturition the "pellicle" or sack which contained the "aqueous fluid" was ruptured, thus causing the peculiar malformation which the gentleman's fancy metamorphosed into a "cat or horned owl."

When will the medical science reach the acme of perfection and glory, if its votaries continue to foster superstitious notions, dogmatic doctrines and the dreams of the visionary?

G. N. DUZAN, M. D.

LETTER FROM SIR THOMAS WATSON, BART.

ZANESVILLE, O. Jan. 26th, 1869.

EDITOR LANCET AND OBSERVER: A copy of my brochure on the action of medicines was mailed to Sir Thomas Watson, Bart., London, with others, in January last. The following note reached me 20th April. Aside from its interest to myself personally, it seems to me the many readers and students of "Watson's Practice" will be gratified with its perusal. Considering that its publication violates no confidence, it is sent to you for insertion in the pages of the *Lancet and Observer*.

J. C. McELROY, M. D.

WEST LONDON, APRIL 5TH, 1869 }
16 Henrietta St. Cavendish Square. }

DEAR SIR: Please to accept my best thanks for the copy you have been good enough to send me of your "Valedictory Address."

on the Dynamics, Principles, and Philosophy of Organic life. I have read it with much interest. I do hope and believe that we are gradually approaching to simpler and truer views both of the nature of disease, and of the effects of medicines. There are many earnest workers here in the current generation of medical men, and I know that the same may be said of the present generation of pathologists and practitioners on your side of the Atlantic. I have long wished to pay a visit to your country, great as it is and still greater as it is sure to be. But till of late I have been too busily employed to attempt so long an excursion, and now I am too old to undertake it.

Believe me, dear sir, your faithful and obedient servant.

THOMAS WATSON.

Case of Lactation Renewed Four Years after Weaning.

CINCINNATI, April 25th, 1869.

EDITOR LANCET AND OBSERVER: The following remarkable case of renewed lactation has been reported to me by Dr. Jno. B. Davis of Brookville Ind., and vouched for as true, and reported by him in the language of the lady herself.

"My youngest child was six years of age, and had been weaned four years, when I put the child of my daughter to my breast. It had been suckled occasionally by a neighbor, and when crying at home I made a practice of giving it my own breast, at the same time, pouring a little milk from a teaspoon upon the nipple. About three weeks after I began giving it the breast, I had a slight headache with some fever, my breasts became tender and enlarged, and soon filled with milk as they usually had done after the birth of my own children."

The grandmother continued to nurse the child until old enough to wean. She is still living and a healthy woman, aged about fifty-eight. The grand daughter is also living, a young miss of about sixteen years of age. Her mother died of disease of the heart soon after the birth of her child.

If you think this case of sufficient interest to place upon record in your journal please do so.

I am yours truly,

GEO. MENDENHALL.

Ophthalmological Department.

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Report of Several Cases from the practice of Drs. E. and A. D. Williams.

BY L. S. LAMBERT, M. D.

Favored with the desirable privilege of attending the public and private clinics of Drs. E. and A. D. Williams, I have thought it might be profitable to report, with their consent, some interesting cases, selected from a large record of cases, made from their recent practice.

Traumatic Rupture of the Sclerotic, and Luxation of the Lens beneath the Conjunctiva.

G. F——, age fifty, Irish, laborer.

History.—Two years since, the left eye was injured by a stroke from the crank of a windlass. Immediately a swelling was observed on the eye-ball beneath the upper lid, and the eye became quite red and inflamed, causing him considerable and constant suffering. He applied at once to a physician for treatment, who endeavored to remove or displace the tumor by the use of caustics, which only aggravated the symptoms. The eye remained in this irritable condition for seven weeks, incapacitating the patient for any exertion. After the lapse of this time, he came to the city, and applied for treatment at the public clinic.

The *diagnosis* then made was traumatic rupture of the sclerotic, with luxation of the lens beneath the ocular conjunctiva above the cornea, with a small prolapse of the ciliary margin of the iris.

Treatment.—This verified the diagnosis. An incision was made through the conjunctiva, at the inner and lower edge of the base of the tumor, and the lens escaped. It was then observed that the rupture in the sclerotic had healed beneath the lens, thus separating the tumor from any connection with the cavity of the eye-ball. The wound in the conjunctiva healed at once, and the eye, freed from the teasing of this then foreign substance, which kept up constant irritation, at once resumed a very pleasant and

quite useful condition under the use of a mild sedative collyrium, (atropiæ sulph. gr. $\frac{1}{4}$, add aqua dist. \mathfrak{z} i.) while a generous diet was allowed.

Status Præsens.—April 29, 1869, is as follows: Natural, unaided vision in this eye is near as good as obtains generally after: successful cataract operation. With double convex glass No. 3, he can see all objects around him quite distinctly; with convex No. $2\frac{1}{2}$ he can read No. 20 Jæger's test type at five feet, showing an acuity of vision of $\frac{1}{4}$. The sight will yet improve as the eye becomes used to, and is constantly favored with the glass. There is a decentralization of the pupils upwards towards the seat of the rupture, caused by prolapse of a small portion of the upper ciliary margin of the iris, which is firmly held in the cicatrix in the sclerotic, showing as a small black spot, which marks the seat of the old rupture. Eyeball of natural size, and intra ocular tension normal. Patient wishes prescription for suitable glasses.

Remarks.—There are several symptoms which when noticed, will guide quite certain to a correct diagnosis in all such cases, viz.

1. A waving motion of the iris when the eye is moved, it having lost the support of the lens, which lies immediately behind it naturally.

2. An increased depth of anterior chamber from loss of the lens, and from the usual prolapse of the iris through the rupture, which drags it deeper in the eye than its natural plane.

3. The gelatinous or crystalline appearance of the tumor as it may appear under the conjunctiva.

4. Should the remaining dioptric media be clear, the marked improvement of vision is at once perceived on placing a strong double convex lens before the eye, indicating an absence of the lens or a high degree of hypermetropia, other symptoms being considered, will exclude the one and establish the other.

It is matter of interest to consider the serious injury which this eye suffered, and the quite happy and beneficial result obtained by a rational treatment, under which the eye so rapidly improved.

Foreign Body in the Cornea two and one-half Years.

M. M——, of Indiana, age 26, American, farmer.

History.—In September 1866, while feeding a threshing machine, he felt something strike him in his left eye. There was not much pain for one week after, when the eye became much in-

flamed, sensitive to light and constantly full of scalding tears. He was confined to a dark room with these symptoms for two months. A spot seen on the cornea was adjudged to be a scar resulting from the injury. The inflammation, with other bad symptoms, gradually and almost daily passed away, and for over two years, up to March 1869, though the eye was weak and irritable, he was able to do work. At which time again the former symptoms reappeared with greater severity. He received treatment at the time of the injury, and at each recurrence of bad symptoms.

Status Præsens.—When he applied for treatment at the private clinic April 29, 1868, was as follows: Intense photophobia and lachrymation, with a very slight central haziness of the cornea. A zone of sclerotic congestion around the cornea, pain in the eye, and slight ciliary neuralgia. A dark speck with a small abrasion of the epithelium, could be seen on the centre of the cornea, and at this point upon examining the cornea in profile, there was to be seen a small, distinct projection. The *diagnosis* was, a foreign body in the cornea, probably metallic from its color.

The small speck was readily removed from the cornea with a spud, when the aqueous escaped, the iris coming forward even to the cornea, showing that the foreign body had transfixed the cornea. Upon examining the foreign substance it was found to be a small piece of wheat beard with a fragment of iron or steel. As the piece of metal was most superficial, it seemed to have driven the wheat beard before it. The eye was dressed with a compress bandage, and a solution of atropine prescribed as a collyrium. For forty-eight hours after the operation the iris remained against the cornea, and the ball soft.

May 1st, 1869. Eye but little painful, iris well dilated, aqueous re-accumulated anterior chamber restored, corneal fistula closed. No further trouble anticipated.

Remarks.—This case well portrays a remarkable tolerance, which the cornea sometimes evinces (not unfrequently) in sustaining and recovering from serious lesions even a foreign body embedded in its substance for so long a time, then without supuration or ulceration heals kindly upon its removal. The foreign body in such cases undoubtedly becomes delicately and completely encysted, and thus the delicate membrane is protected from the irritation of its rough surfaces.

Thread Operation to Relieve Secondary Divergent Strabismus.

BY E. WILLIAMS, M. D.

G. K——, age eighteen, healthy, German.

Status Præsens.—When he applied for treatment at the private clinic June, 1868, double convergent strabismus, with marked ambliopia of the left eye from disease. At that time the tendon of the internal rectus of left eye was divided.

July, 1868. Tendon of the internal rectus of left eye was divided.

September, 1868.—Patient appeared at the clinic again for probably the twentieth time. The right eye straight, and only a noticeable convergence of the left eye remaining. It was explained to him each time that he should be content with the result, but at this time yielding alone to the importunities of the patient, and against good judgment, the internal rectus of the left eye was again divided. This operation produced a hyper result, divergent squint.

April, 1869. Patient again applied to the clinic, when the following operation (first recommended by Dr. Agnew of N. Y.) was made by Dr. E. Williams, to relieve the unsightly divergence of the left eye.

Operation.—The patient being well chloroformed, and the lids held open with a stop speculum, the insertion of the internal rectus was exposed by a horizontal incision in the conjunctiva just back of the old cicatrix. The muscle was then raised on a squint hook and a strong thread passed under it, was firmly tied back of the hook so as to include all the tendon. All the tissues conjunctiva, subconjunctival facia, and old cicatrices covering the inner side of the globe, from the incision to the margin of the cornea were then dissected away with the scissors. This was rendered necessary as the tissues were agglutinated together, and bound down to the sclerotic as a result of the previous operation. The tendon was next divided close to the sclerotic anterior to the suture, leaving it firmly attached to the muscle, which was then drawn forward by it, and two other sutures passed through it, one through its upper and another through its lower margin. The needles were passed from without inwards, first through the conjunctiva, through the muscle, and then carried under the conjunctiva, the upper making counter puncture in it, above the centre, the other below the centre of the cornea. Each counter puncture being then in the conjunctiva a couple of lines removed from the margin of the cornea. Each suture was then tied separately and just tight enough to bring the tendon forward to

the margin of the cornea, and spread it out over the denuded sclerotic, there to become again re-attached. The thread was removed from around the end of the muscle when one suture was tied, the other being tied the operation was finished.

The external rectus was not divided, as the eye stood straight. The eye was left without any dressing but to be kept clean.

Result.—May 3rd, 1869. One week since the operation, sutures removed. There has been no inflammation, eye straight.

May 10th, 1869. Divergence completely relieved and mobility inwards perfect. The patient being now able to bring the margin of the cornea behind the earuncle. While before the operation there was great insufficiency of the internal rectus, amounting to inability to rotate the cornea beyond the centre of the palpebral commissure.

Extirpation of Eye-ball.

By E. WILLIAMS, M. D.

B. H. W——, age 52, sanguine temperament, American.

History.—At the age of fifteen he had violent inflammation in his right eye, when sight in it was destroyed. For three years the eye was so painful and irritable that he was confined to a room most of the time. After the lapse of two years of this time, he noticed a bulging of the eye-ball beneath the upper lid, which has very gradually increased ever since. In the course of every couple of years, the eye becomes mildly inflamed, and he constantly experiences annoyance from its large size and irritability, from which he wishes relief.

Status Prasens.—When he applied at the private clinic April 30th, 1869 is as follows; Progressive anterior sclerotic staphyloma situated above the cornea, and involving all of the sclerotic between the internal and external recti muscles, and from the cornea back to the equator. This portion of the sclerotic being very prominent and much attenuated. By this bulging the cornea is displaced downwards deep beneath the lower lid. The upper lid is thinned and can only be closed over the eye-ball with difficulty. The eye presents quite an unsightly deformity, is irritable but not painful. Intra ocular tension normal, and it is thought there is posterior staphyloma coexistent. Left eye sound but myopic $5\frac{1}{2}$. Medication can accomplish no good. The treatment must then be surgical and revert to a choice between two operations, abscision or extirpation of the diseased organ. Excision was determined on, to which the patient gave ready consent.

April 30th, 1869. Dr. E. Williams, assisted by Dr. A. D. Williams made the following operation after the modern method of enucleation.

Operation.—Patient being well chloroformed and the lids held wide open with the slip speculum, the conjunctiva was divided with curved scissors, all round the ball, close to the cornea below, and far back toward the base of the staphyloma above, though leaving as much of the healthy conjunctiva as possible. The sub-conjunctoid tissue was then divided over the insertion of the recti muscles, each of which raised on the squint hook, was divided close to the sclerotic; the eye-ball was then drawn forward with a sharp hook, and passing the curved scissors behind it, following the posterior surface of the globe, the blades were opened and the optic nerve divided close to the sclerotic; next the oblique muscles were divided close to their sclerotic insertion, and the operation was completed. The amount of hemorrhage was small, and mostly from the ophthalmic artery. A few moments of firm pressure with a sponge completely controlled it. The only dressing was a firm compress bandage. It is quite important in this operation to avoid rupturing the eyeball, either from pressure on it, or with the instruments—such an accident would much interfere with the further steps of the operation, as the eyeball would collapse, and present much the same difficulty experienced in removing the sac of a ruptured cyst.

Morbid Anatomy.—*Externally*.—The eyeball was twice its normal size, elongated principally in its antero-posterior diameter, cornea quite opaque, with a central superficial ulcer, a complication which undoubtedly contributed much to the painful symptoms. From the bulging forward of the sclerotic above, the cornea was so much displaced, as to look almost downwards. There was quite an extensive posterior staphyloma, involving the region of the macula lutea. The sclerotic covering the bulging was atrophied, and so much attenuated that the choroid showed through plainly, giving a blue-black discoloration; and running on to the sides of these enlargements were small glistening bands of sclerotic from the healthy portion surrounding.

Internally.—The vitreous was semi-fluid, but transparent. The choroid with the retina adherent to it, had remained attached to the sclerotic throughout, but the portions of both involved in the staphyloma were atrophied. Optic nerve was deeply excavated, the optic disc showing beautifully the blueish tint charac-

teristic of atrophy of the nerve, which condition was also present. There was an abnormal amount of pigment deposited in the region of the ciliary body and processes, and also upon the ureal membrane of the iris.

The lens was normal in size, but cataractous corticular, with a hard, dark, reddish-yellow nucleus; anterior chamber was very small. The large accumulation of vitreous pushing the lens with the iris forward, almost to the cornea, while the cornea was much flattened.

Remarks.—This eye was probably lost during an attack of acute irido-choroiditis, and the occasional mild inflammatory exacerbations were undoubtedly the same disease in a low chronic form, and each time resulting in an increase of the staphyloma through what is called an inflammatory thinning of the sclerotic. The increased deposit of pigment found, together with subjective symptoms appear to indicate a presence of the above disease at sometime. In determining on the treatment the following are some of the considerations: Medication can not be curative. The disease is progressive. Posterior staphyloma is judged to co-exist. The eye can never be restored to sight, while it much disfigures the patient's appearance. Is constantly irritable and a danger is always present, that it may at any time excite sympathetic ophthalmia in the other eye.

Now in abscision, diseased portions of membrane may remain, cause inflammation in the stump, and thus through sympathy effect the other eye. While after excision the stump remaining is free from disease, and is well adapted for the wearing of an artificial eye. In the latter operation the wound healed even more rapidly than in the former, while danger from hemorrhage and inflammation is less; and by the modern method of performing it, a nice movable stump results.

May 1st.—No swelling or pain—patient will be able to wear an artificial eye in six weeks.

Editor's Table.

THE AMERICAN MEDICAL ASSOCIATION.—Through the courtesy of Prof. Gaillard of Louisville we are in receipt of an abstract of the proceedings of the meeting at New Orleans. We can not make room for it in our present issue, and must content ourselves with a brief notice of the important features of the meeting. There was a large attendance, and evidently a good and harmonious spirit pervaded the members. Prof. George Mendenhall of our city was honored with the Presidency of the association for the ensuing year, a compliment that is grateful to the profession here, and we think will be regarded as worthily bestowed.

The association manifested a strong disposition to take hold of the education question with more purpose and point than ever before. President Baldwin advocated the establishment of one or more *national* medical colleges, based on the plans embraced in the action of the convention of teachers in Cincinnati in 1867. And in connection with the discussion of suggestions for improving our plans of medical teaching in this country, there naturally came up the question of *fees*, and Dr. Gaillard's resolution expressing the opinion that the *minimum* rate of collegiate fees should be \$120 was adopted unanimously, with a strong sentiment in favor of \$140. The views of Dr. Gaillard in support of this resolution are eminently correct, and we hope for the sake of all the best interests of medicine that it will be at once carried out by the colleges.

The distinctive line between the spirit of charlatanism and correct ethical medicine was more than ever shown in the discussion on special advertising.

One of the incidents of the meeting also was the formation of an association of medical editors, to convene annually on the day previous, and at the same locality with the American Association. In various ways this will contribute to the harmony and efficiency of medical journalism. Prof. N. S. Davis was made President of the Association of Editors.

We do not at present comment upon the reports and papers, not having the means of giving any correct review of them. The Committee on Prize Essays announced two essays as all that were presented, one on *Atropia and its Salts*, and one on *Quinine*. They recommended a prize of one hundred dollars to each. Prof. Roberts Bartholow of this city proved to be the author of the first, and Dr. S. S. Herrick of New Orleans, of the second.

In accordance with the resolution at the Cincinnati meeting, the Association holds its meeting for 1870 in the city of Washington.

UNION DISTRICT MEDICAL MEETING.—The counties of Butler, and Preble, Ohio, and Rush, Franklin, and Union, Indiana, are formed into a District Medical Association of a very energetic character. We had the pleasure of attending its recent meeting at Hamilton, May 6th, ult., and found a body of wide awake working members, that cannot fail to add greatly to the status of our profession in the district. Dr. Moffat of Rushville is President, but much to our regret we were too late to hear his annual address, as well as some of the other papers. The Report on Obstetrics by Dr. Pugh was exceedingly interesting and practical, calling out a protracted interchange of experiences. Dr. Saunders of Oxford read a good paper embracing the continuation of a series of experiments on chloroform. Dr. Morris read a case, and exhibited the pathological specimen. The treatment of Pneumonia was another topic brought up by a verbal report by Dr. Hill of Oxford. The profession of Hamilton provided an ample dinner for the visiting guests, and take it all in all, we have rarely spent so pleasant a day.

MEDICAL COLLEGE OF OHIO.—We learn that the following changes have been made in the Faculty of this institution. Prof. M. B. Wright has resigned the chair of Obstetrics and is appointed "Emeritus Professor and Clinical Lecturer on Obstetrics and Diseases of Women." Prof. Comegys retires from the chair of "Institutes," and will be announced hereafter as Professor of Clinical Medicine. A Professorship of Physiology is substituted for that of Institutes to which Dr. Edward Rives is appointed. Dr. Rives is son of Dr. L. Rives well known to old graduates of the College, and has made for himself a flattering reputation as one of the rising men of this city. Hereafter the two chairs of "Obstetrics and Diseases of Women" will be consolidated in one again. Prof. Parvin will take the new chair as thus con-

stituted. In connection with this new arrangement, it is also stated that our friend, Dr. Whittaker, known to our readers as one of our European correspondents, will be assistant to Prof. Parvin.

INDIANA MEDICAL COLLEGE.—For some time an effort has been making to establish a medical college in the city of Indianapolis. It has finally culminated in a complete organization, and an effort will now be made to secure one hundred thousand dollars to carry out the plan. The following is the organization of the school as announced :

J. S. Bobbs, Principles and Practice of Surgery ; J. A. Comin-gore, Clinical and Operative Surgery ; George W. Mears, Obstet-rics ; T. B. Harvey, Diseases of Women and Children ; L. D. Waterman, Anatomy ; R. N. Todd, Theory and Practice of Medi-cine ; R. T. Brown, Chemistry and Toxicology ; F. S. Newcomer, Materia Medica and Therapeutics ; W. B. Fletcher, Physiology ; Charles E. Wright, Demonstrator of Anatomy. The faculty, together with John D. Howland and Samuel E. Perkins, will be the Trustees of the College.

The members of this new Faculty are known to us personally as amongst the best men of Indianapolis ; they constitute a strong corps of teachers ; nevertheless we cannot but deprecate this another addition to the vast swarm of what of necessity can not be other than a second class school for lack of clinical advan-tages.

OHIO STATE MEDICAL SOCIETY.—We have received the follow-ing circular from the Secretary, Dr. Hall.

FAYETTEVILLE, BROWN Co., O., May, 1869.

DEAR SIR: The Ohio State Medical Society will hold its twenty-fourth annual meeting in Columbus, O., on Tuesday the 8th of June, 1869. The following special committees are expected to report :

Hæmatics, E. H. Hyatt ; Ophthalmology, A. D. Williams ; Military Surgery, N. Gay ; Fracture of Femur, I. A. Coons ; Scirrhus Uterus, A. B. Jones ; New Anæsthetics, W. J. Conklin ; Typhoid Fever, C. C. Hildreth ; Diseases of the Eye, W. T. Tal-liaferro ; Obituaries, E. B. Stevens ; Medical Jurisprudence, R. M. Denig ; Cerebro-Spinal Meningitis, A. E. Bell ; Some Specialities in Medicine, D. H. Brinkerhoff ; Surgical Application of Car-

bolic Acid, P. S. Conner; Climatology and Diseases of South-East Kansas, P. Beeman; Diseases of Nasal Passages, George Mitchell; Recent Advances in Pathology, D. A. Morse; Hypodermic Medication, J. N. Weaver.

Considering the situation of Columbus, its easiness of access, and ample hotel accomodations, with the usual good health at this time of the year—thus affording gentlemen of the profession an opportunity to leave home—together with the fact that the meetings of our society have been steadily growing in interest, makes us confidently expect this meeting to be a great success.

Try and make it convenient to be in attendance.

Very Respectfully.

W. C. HALL, M. D. *Sec'y.*

We presume the usual return tickets will be issued to delegates, though we are not authorized by the Committee to say so.
—Ed.

THE INDIANA STATE MEDICAL SOCIETY convened at Indianapolis on the 18th of May, holding sessions on the 18th and 19th. As yet we have not been furnished with any particulars of the proceedings, except we learn in general terms that the meeting was a pleasant, busy and interesting one. The following officers were elected for 1869: President, Dr. George Sutton of Aurora; Vice-President, Dr. H. P. Ayres, of Fort Wayne; Secretary, Dr. G. V. Woolen, of Indianapolis; Assistant Secretary, Dr. Elstun; Treasurer, Dr. W. B. Lyons, of Huntington.

ILLINOIS STATE MEDICAL SOCIETY held its annual session on the same days—18th and 19th—at Chicago.

TREATMENT OF NERVOUS HEADACHE.—The following remedies in the treatment of this affection are recommended by Prof. W. A. Hammond: Oxide of zinc is of great value; ordinary dose, two grains, three times a day, after meals; maximum dose, five grains. It is best given in the form of pills. Bismuth in the form of subcarbonate, will often take the place of oxide of zinc; dose, two grains after each meal. Bismuth probably assists digestion more than any mineral tonic, and is of use when there is gastric disturbance.—*Medical Record.*

TO CORRESPONDENTS.—Accepted articles are received from Drs. W. B. Davis, Hough, Steele, Garver, Wood and Proceedings of of Montgomery County Medical Society. We hope to present these next month, together with proceedings of American Medical Association at New Orleans, and valuable material from Cincinnati Clinics.

Art. II, in the present number, on Puerperal Convulsions, is without the author's name; it was lost by accident. Writers should prepare their manuscript exactly as they wish it to appear, and not expect us to make headings and prunings.

MEDICAL EMPIRICISM.—The Legislature of Minnesota passed an act last March "to protect the people of that State from empiricism and imposition in the practice of medicine and surgery." The law was kindly sent us some time since by our friend, Dr. Willey, of St. Paul, and we have hoped to find space to print it in full; it is, however, essentially the law of Ohio.

THE AMERICAN JOURNAL OF INSANITY treats its subscribers with a photograph of the late Prof. Greisinger of Berlin; also sends out beautiful stereoscopic pictures of a case recently reported in the journal.

THE MAY NUMBER OF THE LEAVENWORTH HERALD concludes Vol. II. Our friend Logan hits some sharp thrusts at delinquent subscribers, and a delinquent mass of non-writing doctors, but he does not propose to relinquish his enterprise. There is room for just such wide awake editors and journals, and we trust to see the *Herald* get on firm ground.

WATER AS A LUBRICANT.—"Water is a cheap and useful lubricant in a machine shop. Oil is costly and not always so effectual."—*Scientific American*.

PENSION SURGEONS.—Amongst recent appointments we notice the following very excellent ones: Dr. J. L. Neilson, Cincinnati, Dr. H. J. Herrick, Cleveland, and Dr. H. K. Steele of Dayton.

PAMPHLETS.—A large number of reports and pamphlets have accumulated on our table, for which we have been awaiting opportunity to notice somewhat at length. In default of more satisfactory acknowledgment we give the list in part.

Twenty-sixth Annual Report—State Lunatic Asylum, Utica, New York.

Thirtieth Annual Report—Central Ohio Lunatic Asylum, Columbus.

Fourteenth Annual Report—Southern Ohio Lunatic Asylum Dayton.

Ninth Annual Report—Longview Asylum, Carthage.

These reports exhibit the same careful management of these institutions as heretofore, but we have not space to give the statistics. Our own asylum at "Longview" shows a good result of the past year's work, and Cincinnatians take a just pride in its position as one of the most successful asylums in this country.

Second Annual Report of the Board of State Charities to the Governor of Ohio.—Our friend, Dr. John Davis is one of this Board, and has kindly sent us the report. It supervises the condition of the jails, infirmaries, etc., of this State, and we hope its influence will be such as to work a radical reform in many of these institutions.

The American Pharmaceutical Association.—The sixteenth annual meeting for 1868 was held in Philadelphia. The Transactions make a handsome volume of five hundred pages, and exhibit the usual energetic devotion of the Society to the progressive interests of Pharmacy.

Recent Advances in the Diagnosis etc., of Diseases of the Ear is the title of a valuable report made to the New York State Medical Society by Dr. D. B. St. John Roosa, and brings up a great many important and instructive points in that speciality.

Proceedings of the State Medical Society of Michigan for 1867 and 1868.

and matter in the volume before us, we could cheerfully commend Dr. Damon's book, as a mere elegant work of art.

The classification which our author has adopted, is based upon the preliminary observation that the lesions of the skin "consist in hypertrophy, atrophy and pathological new formations." The successive chapters which spring naturally enough from this order, describe the diseases of their several groups with satisfactory clearness—and so far as we have had the leisure to note the plan of treatment advised, brings up the therapeutics of the subject to the most recent contributions.

A few illustrations of the rarer affections, add to the value of the work; one or two indeed of these may well enough rank amongst scientific marvels. The "Brief Histories of Human Horns," which our author has given as part of the appendix of the book, is quite a curiosity in its way—more curious, perhaps, than really important. For sale by Robert Clarke & Co.

A History of the Medical Department of the University of Pennsylvania, from its foundation in 1765, with sketches of the lives of deceased Professors. By Joseph Carson, M. D., Professor of Materia Medica, etc., in the University. Philadelphia, Lindsay & Blakiston, 1869.

A Treatise on the Disease of Infancy and Childhood. By J. Lewis Smith M. D., Curator to the Nursery and Child's Hospital. New York, etc., etc. Philadelphia: Henry C. Lea, 1869.

An able and discriminative teacher and critic of this city, pronounces Dr. Smith's book on Diseases of Children, the best work that has made its appearance on this department of medicine. In his preface, which often foreshadows the disposition of an author, he very modestly claims simply to incorporate all the recently ascertained facts relating to this branch of medical science: especially to recommend such modes of treatment as comport with and are suggested by our present knowledge of the pathology of early life, the efficacy of hygienic measures in the treatment of the young, and the recuperative power of the system at large. We think our author in most of these respects has faithfully performed his undertaking.

The earlier chapters of the volume are devoted to topics of a general character, chiefly of a hygienic character; then we have diseases of the cerebro-spinal system; of the respiratory system; of the digestive apparatus; zymotic diseases; of the skin, etc., etc. Dr. Smith has enjoyed excellent opportunities for maturing his experience in the study of these diseases, and has exhibited his culture and good judgment in this book. For sale by Robert Clarke & Co. Price, \$5.75.

Treatise on Diseases of the Ear; including the Anatomy of the Organ: By Anton Von Troltsch, M. D., Professor in the University of Wurzburg, Bavaria. Translated and Edited by D. B. St. John Roosa, M. A., M. D., Clinical Professor of the Diseases of the Eye and Ear, in the University of New York, etc., etc. Second American from the Fourth German Edition. William Wood & Co., New York, 1869.

Several years ago we had the pleasure of noticing the first American edition of the handsome volume before us; but the present edition has been so completely revised by the author, and modified and extended by the additions of the accomplished American editor, that it comes to us as almost an absolutely new work. We observe, for example, that numerous engravings have been added—a full index—and the changes and additions in various parts of the work, render it almost new.

Diseases of the Ear are receiving a far more intelligent and satisfactory study than in the past, and practitioners who are interested in this branch of surgery will be gratified with the comparative completeness of this treatise.

The plan of the work embraces the Anatomy of the Ear—external and internal. The diseases and accidents to which the external parts are liable—the mode of examining the auditory canal and membrana—syrringing—and so on through the catalogue of medical and surgical affections pertaining to this organ.

The publishers, William Wood & Co., have gotten up the work in good style—paper, letter press and engraving being good and satisfactory. For sale by Robert Clarke & Co.

Practical Observations on the Aetiology, Pathology, Diagnosis and Treatment of Anal Fissure. By Wm. Bodenhamer, A. M., M. D. Illustrated by numerous cases and drawings. New York. Wm. Wood & Co., 1868.

This little work is intended to explain the author's modes of treatment of a very troublesome and painful affection. It also delineates the instruments that he finds conveniently adapted to the examination of these cases, and the various necessary manipulations. Those interested in this special department of Surgery will also find a large number of illustrated cases incorporated with the text of the chapters. For sale by Robert Clarke & Co.

Business Notices and Acknowledgments.

SUBSCRIBERS will please notify us *at once* in the event of failing to receive an acknowledgment of remittances; attention to this will oblige us. It is expected that payments will be made by *Post-Office* orders as far as possible. We send out bills this month. We hope to have a generously prompt and general response. *City Subscribers* will find their bills in the present number, and are requested to settle without waiting for a collector.

LITERARY MAGAZINES.—*Harper's Monthly* is one of the best known of American Periodicals. The May number closes a volume. It is for sale by all book and newsdealers. Price \$4 a year, or \$3 50 in connection with the *Lancet and Observer*.

Godey's Lady's Book commences a new volume with its July number—the 79th! Not to know all about Godey is to argue yourself unknown. Price \$3 a year, or \$2 50 with this journal.

Golden Hours for May is at hand. This is the new magazine for young folks, lately established by the Methodist Book Concern. It is eminently a success in every respect—in matter, paper, illustrations, everything. Price \$2 a year.

Oliver Optic's Magazine has the peculiar excellence of appearing every Saturday. "Children cry for it." Price \$2 50 per annum.

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THE CINCINNATI LANCET AND OBSERVER.

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Original Communications.

ART. I.—*Carbolic Acid and its Therapeutical Uses.*

A paper read before the Cincinnati Academy of Medicine, June 7th, 1869, by
WM. B. DAVIS, M. D.

Carbolic acid was discovered by Runge as far back as 1834, yet the attention of the medical profession was not directed to it as a remedial agent until quite recently. Now its use, both in medical and surgical practice is varied and extensive.

Carbolic acid, strictly speaking, is not an acid, but an alcohol. It is distilled from coal tar, and when perfectly pure is a colorless crystalline mass, disposed to deliquescence. Of the crystal preparations found in commerce, Calverts of Manchester, is pure, and Mercks of Darmstadt, is 98 per cent pure acid.

In many respects carbolic acid resembles creasote, and by some the two are considered identical, but Illasiwetz in 1858, and Hugo Muller, in 1864, showed that creasote was a different body from carbolic and cresylic acids. It dissolves in all proportions in Glycerine, alcohol, ether, acetic acid and the fixed oils. With twenty parts of water it forms a permanent emulsion.

Mr. Crooke's careful and extended experiments with it led him to the following conclusions, viz :

Carbolic Acid has but slight coagulating power on albumen. [Most writers differ with him on this point, claiming that it will coagulate the albuminous portions of the tissues whenever it comes in contract with them.]

It has no power of retarding oxidation.

It has scarcely any action on foetid gases; but it attacks the cause which produces them, and at the same time, puts the organic matter in such a state that it never re-acquires its tendency to putrify.

It has a special action on the fermentation induced by organized matter; it not only arrests it instantly, when in progress, but it prevents the development of future fermentation.

It has no action on purely chemical ferments. It acts by attacking vitality in some mysterious way. The various infusoria of water, as well as small fish are instantly killed by a few drops of it. Fleas, moths, bugs and insect life generally, as well as animals as large as mice are destroyed by it.

The powerful action which carbolic acid exerts on the phenomena of life is the most remarkable property which it possesses. It may be looked upon as the test proper for distinguishing vital from purely physical phenomena, and in most cases its action is characterised by the certainty and definiteness of a chemical reagent. In the presence of it, the development of embryotic life is impossible, and before its powerful influence all minute forms of animal life must inevitably perish. (*3d Report of Commission on Cattle Plague*, page 192, 193.)

As an antiseptic and disinfectant carbolic acid has no equal. 1-1000, even 1-5000 will prevent decomposition, fermentation, or putrification of Blood, Urine, &c.

The sewers of London were kept perfectly sweet during the existence of cholera in 1866 by 1-10000 part.

In large doses it is a dangerous poison. The recent journals, both of America and Europe, report several deaths occasioned by it.

Prof. J. G. Pinkham pronounced it a poison not inferior to oxalic acid, and hardly so to strychnine. It is rapidly absorbed by the system and rapidly eliminated from it, chiefly by the kidneys.

The local action of the poison is that of a caustic, irritant and sedative. The general action is that of a powerful neurotic causing trembling, convulsions, giddiness, headache, insensibility, a cold clammy surface, a feeble intermittent rapid pulse, great prostration and death.

In treatment, the chief reliance must be placed upon measures of evacuation and stimulation. (*Medical and Surgical Reporter*, Dec. 1868.)

If M. Pasteur's theory be correct, that all fermentation and putrefaction depends upon the living germs which the air contains, we have in carbolic acid an agent whose special action is directed against vitality, and whose fumes will destroy all organic and organized bodies, which the air may bring with them.

Dr. Argus Smith says it may be considered absolutely certain, that all organic substance, whether of the nature of plague or any other disease, will be arrested in their course of activity by it.

Mr. Crookes has proven that it will destroy the contagion of cattle plague and the virus of vaccine, and that cattle are perfectly protected by it from the contagion of plague. His detailed experiments "point forcibly to the possible prevention and cure of all zymotic diseases which attack the human race. Every argument brought forward, every experiment detailed and every result obtained of this investigation apply with overwhelming force to such visitations as typhus and typhoid fever, small pox, diphtheria, and cholera." (Page 201, *Cattle Plague Report*)

These conclusions agree with those of Dr. Jules Lemaire, whose work on phenic acid was published in Paris in 1865. M. Lemaire shows that carbolic acid is the most powerful acknowledged means of contending with contagions and pestilential diseases, such as cholera, typhus fever, small pox, &c.

Dr. A. E. Sansom read a paper before "Medical Society of London," April 5th, 1869 in which he gave a sketch of a history of the theory of fermentation in its relation with zymotic disease. He claimed that the analogy between fevers and fermentation has been taught since the earliest days of physic, and showed that the investigation of the real nature of fermentation has thrown much light on the subject by proving that living molecules were the prime causes of the process. The author considered that the potential energy of the morbid molecule as well as of the ferment could be stored up in no inorganic material—this must possess power of vitality. He divided the germs of disease into two classes, according as they multiply (a) in the blood, (b) in the intestinal canal. He showed by experiment that fermentation can take place in the gastro-intestinal tract of mice. He

then discussed the means of destroying these germs and considered that the most powerful agent with which we are acquainted is carbolic acid. His experience, fortified by that of others, was that they relieved dyspepsia, checked pus formation, and seemed to diminish the intensity of the symptoms of zymotic disease. *Medical Times and Gazette*, April 24th, '69.

It is shown that carbolic acid is destructive to all embryotic as well as all minute forms of animal life, and it is proven that in certain doses, it is equally destructive to human life. Will the dose which may be required to destroy the virus of disease endanger the life of the patient? Dr. Angus Smith believes there is an amount which will destroy the germs of disease and not destroy life. On page 163 of his Report (Cattle Plague Com.), he states, "I have heard of no one being injured by breathing air, scented by carbolic acid all day for a long time together, and I have myself breathed it night and day in a mild state, very strong it must never be breathed. Flesh will absorb carbolic acid and become so saturated that when roasted it will cease to smell like flesh. I am informed that men working in equally strong vapor are not injured."

Mr. Crookes says that medical and scientific writers were unanimous in the opinion that small internal doses of carbolic acid were attended with no injurious effect, and he gave it to cattle in such doses that their breath smelled of it for some hours without any injurious effects.

The internal administration of carbolic acid as a remedial agent in the treatment of disease, is just attracting the attention of the profession, and consequently there is not sufficient evidence to authoritatively state the exact quantity that will constitute a proper dose. Prof. Lionel Beale thinks that a solution of one part carbolic acid to 200 parts water is as strong as should be used. Dr. H. W. Fuller of St. George's Hospital says that "as far as the mere dose was concerned, I found that some adults—especially men who have been spirit drinkers—could take ten or twelve minims without inconvenience, and notwithstanding the occurrence of a certain degree of discomfort, could take doses of fifteen minims three or four times a day for many days consecutively; but that most persons, especially women, began to complain when the dose had been increased to eight or ten minims, and found six or seven minims a full dose."

In the State Lunatic Asylum at Utica, N. Y., the standard solution is one grain to the ounce of water, and the dose of this solution is a drachm. I have administered carbolic acid internally since September, 1866, and I have been in the habit of ordering four grains to the ounce of water, and of this solution, I gave two drachms every three or four hours to adults and one drachm to children; and I have never known any injurious effects result from its use in this strength.

Carbolic acid is now extensively used in surgery. Prof. Joseph Lister of Glasgow has achieved a world-wide reputation by his surgical uses of this agent. Adopting the Germ theory, he confidently applied carbolic acid in compound and comminuted fractures, wounds of joints, acute and chronic abscesses, tumours and wounds generally, and with the remarkable result of immediately converting compound fractures into simple fractures with superficial sores, the arrest of deep-seated suppurations and the prevention of constitutional disturbance, &c. [The details of his treatment can be found in the *London-Lancet*, March, '67.]

Prof. James Syme, and other distinguished surgeons have adopted Mr. Lister's mode of treatment and with the most favorable results. Mr. McCormac in the *Dublin Quarterly*, Feb. 1869, details eight cases, and Joseph Bell, in the *Edinburgh Medical Journal*, May, 1869, nine cases treated according to Mr. Lister's antiseptic method and with the most astonishing results. Aladdin with his lamp, performed nothing more wonderful nor half so satisfactory, as carbolic acid did in most of these cases.

Combined with linseed oil in proportion of 1 to 10, carbolic acid in burns arrests pain, prevents suppuration, dries up the bullæ and effects a speedy cure.

It is used in the treatment of syphilitic sores, (primary and secondary.) "Among a large number of patients with primary sores, those who had used carbolic acid lotion have been freer from buboes. The sores have healed, and induration disappeared more rapidly than with those who had not the lotion.

There is strong reason to believe that the occurrence of secondary symptoms is less frequent, *cæteris paribus*, among those using the lotion." (*London Lancet*, page 217, '69.)

It is especially useful in those forms of skin disease depending on parasites or accompanied by the development of any of the forms of fungi.

All parasites which have their habitat, in or on man, find in carbolic acid an uncompromising foe, and it is equally destructive to the vermin which infest some houses, such as roaches, bed-bugs, &c.

In the treatment of gonorrhœa, ozæna, otorrhœa, ulcerated sore throat, &c., it has been found efficacious. Internally it is administered in the treatment of phthisis pulmonalis, pneumonia, bronchitis, particularly when the sputa is profuse offensive or purulent, typhus and typhoid fever, measles, scarlet fever, as well as in dyspepsia, diarrhœa and vomiting.

As a prophylaxis of scarlet fever it has been used by Mr. Amos Beardsley. When a patient suffers from scarlatina, he is washed all over, once or twice a day, with diluted carbolic acid, one drachm to a pint. Mr. Beardsley says that in no case in which he has tried it with the first case in a house has there been any further spread of Scarlatina in the family. He has now so much experience as to be convinced that this plan is most useful in preventing the emanation of contagious influence from patients. (*Practitioner*, Feb., 1869.)

My first experience with the internal administration of carbolic acid was in 1866 in the treatment of diphtheria. The following case treated in that year. I select from a number, because of its typical character and severity.

Luther J——, aged 4 years was observed to droop for two or three days prior to the night of Oct. 20th. 1866, when he was suddenly seized with convulsions. I was immediately sent for, but he recovered his consciousness before my arrival. I found him with a hot skin, flushed face, bounding pulse, breathing labored, tongue furred, submaxillary glands enlarged, tonsils swollen, urine albuminuric. Ulceration of the tonsils set in on the second day and by the 24th inst a black, slough-like covering formed on the tonsils, which rendered the breath very fetid. His strength rapidly failed and my hopes for his recovery were but slight until the morning of the 29th inst. when some improvement was manifested. From this date he slowly convalesced until his full recovery in the latter part of December. When convalescence had been well established, so that he was no longer confined to his bed, his mother surprised me one morning as I entered by exclaiming: "Doctor, my child is cross-eyed!" An examination confirmed this statement. With strabismus there

was defective vision, owing to loss of adjusting power. There was also paralysis of the faucial muscles, which impaired the voice. The muscles of the back and neck were likewise affected, so that he could not stand erect or properly support his head.

My treatment during the first stage, was a $\frac{1}{2}$ of grain of carbolic acid in conjunction with chlorate of potash, every 3 hours, and a wash for the tonsils of carbolic acid 5 grains to the ounce of water. During convalescence, muriated tinct of iron, quinine, brandy and beeftea were given. I have never known a case as severe as this one to recover on any other treatment. I have continued the use of the acid in the treatment of diphtheria, and with very satisfactory results..

I have treated twenty cases of measles with it, of this number 17 recovered and 3 died. The latter were cutting teeth at the time, and convulsions supervened, of which they died.

I have administered it to 17 cases of scarlet fever and lost five of them,—these five were malignant ones, three died in one room and two in another. I think they would not have recovered under any treatment, yet I do not think I gave carbolic acid as fair a test in these cases as it deserved. In the future I will put malignant cases in separate rooms, disinfect the premises and have the air they breathe slightly charged with carbolic acid.

I have administered it to fourteen cases of small pox, and all recovered but one. Five were confluent, and nine were well marked, distinct cases. Three of the five confluent ones had been vaccinated, and of this number was the one who died. Of the nine distinct cases, four had been vaccinated and five had not. The secondary fever in several was entirely wanting, and very mild in those who had any.

The most remarkable result observed, was, that not one of the thirteen who recovered was disfigured by pitting. I recently visited two of the patients who had passed through the severest form of confluent small-pox. One was a woman aged 58 years, who had been vaccinated in her youth; the other a girl of 7 years, who had never been vaccinated. In the first case three months had elapsed since her recovery; in the other, two months. Upon a close scrutiny I could discover some superficial pitting on the nose and forehead, but a few feet distant they were not observable. There was no disfiguration. My general prescription in the treatment of these cases was as follows :

R.—Crystalized Carbolic Acid, grs. xvi.

Chlorate of Potash, ʒi .

Spir. Nit. Dulc. ʒi .

Sirup Ipecac ʒi .

Sirup Tolu ʒi .

Glycerine ʒi . M.

S.— $\frac{1}{2}$ tablespoonful every three hours during the eruptive fever,

A lotion of carbolic acid, grs. x, to glycerine ʒj , was applied to the face and hands.

Dr. Cassat, of this city, has treated four cases of gonorrhœa with carbolic acid in the strength of twenty grains to the ounce of water, used as an injection. And in each case the discharge was arrested within the first twenty-four hours and did not return.

I have used it in two cases. In the first one I directed four grains to the ounce of water, but it did not control the discharge although the patient injected it three times per day for a week. In my second case, I ordered a solution of twenty grains to the ounce, and the patient injected it twice and the discharge stopped and did not return. No other medication was used. In the latter strength it produced severe pain which continued from one to three hours.

I treated a patient who was very much broken down with a carbuncle, full six inches in diameter. I made a crucial incision, washed it three times per day with a lotion of four grains of carbolic acid to the ounce, and dressed it with a salve containing four grains of the acid to the ounce and administered the acid internally in conjunction with tonics. The patient made a rapid recovery and was able to resume his work in three weeks.

Dr. John Davis first directed my attention to the internal use of carbolic acid, and he has kindly furnished me the subjoined record.

"The first instance of my administering carbolic acid internally was on the 25th of September, 1866. I was then called for the first time to see Mrs. J.—living, near Cincinnati. She had been suffering with severe cough for several weeks, and was far gone in pregnancy. Upon entering her room I perceived a very offensive odor of putrescent animal matter. Upon nearing her this stench was more intense, and her sputa, from whence this odor proceeded, affected my olfactories almost unbearably. They

were rust colored and copious, and her right lung presented dullness to percussion over the whole extent of the lower two-thirds of its surface. She was much emaciated and had but little appetite.

I ordered as follows:

R.—Crystalized Carbolic Acid, gtt. xvi.

Chlorate of Potassa, ʒii.

Sulphate of Morphia, grs. ii.

Syrup of Tolu, ʒj.

Peppermint Water, ʒiii. M.

S.—Half a tablespoonful every three hours while awake, and the right side of the chest to be painted over once per day with a mixture composed of equal parts of Tinct. of Iodine and Alcohol. Half a tablespoonful of Huxam's Tinct. of Bark was also ordered to be given three times per day.

The next day the stench, which on the day before filled her room, was now hardly perceptible, and in twenty-four hours more it had entirely disappeared to return no more.

Oct. 6th.—This patient is now nearly well. She has but little cough, the dullness to percussion over her right lung has nearly disappeared and her flesh and strength are much what would be expected of any one very near the time of her confinement. Her recovery has been so rapid that I have made to her in all only seven visits including that of this date.

Oct. 17th.—She was delivered of a healthy child on the 7th inst., and is now quite well.

What led me to think of administering carbolic acid internally for this patient, was the horrible putrescent stench emanating from her. I knew that it had been proved that meat saturated with carbolic acid would undergo no decomposition. I therefore inferred that its influence on a decomposing vital animal organization might prove also effective. My success in this case led me immediately to using the acid as an antiseptic in almost all the cases of septic or zymotic diseases which I have been called to treat from that time to the present.

In dyptheria and typhoid fever I have found its use attended with remarkable success; also in scarlet fever and measles.

In some cachectic conditions I have also found it to have a very good effect, as in the third stage of phthisis pulmonalis, to retard the destruction of tissue.

The following is from C. P. Brent, M. D. Physician to the Hamilton County Jail :

"George H—, aged seven years, 42 Elm street, was attacked with Pneumonia, Dec. 6th, 1866. I treated the case in my usual way, but there was no cessation of the morbid action; the case passed through the first and second stages and into the third, resulting in suppuration of the lower lobe of right lung. The patient was gradually sinking, although tonics and stimulants were freely administered. The odor proceeding from his sputa was unbearable, and the whole room was filled with the sickening smell. The family and myself were daily expecting him to die, when at the suggestion of Dr. John Davis I gave him carbolic acid and in twenty-four hours there was a marked diminution in the odor, and in a few days it was scarcely perceptible. The patient began to improve rapidly and in a few weeks was a positive convalescent. He is now active and well.

I have used carbolic acid in another case of pneumonia, where there was suppurative action with the same good result. Also in a case of phthisis where the breath and sputa almost drove the friends from the room, the offensive odor was entirely removed by its use.

I used carbolic acid very freely in the Hamilton County jail in various affections, especially syphilis, all forms of ulcers, &c. I could not dispense with it any better than with the old standard remedies!

ELECTRICITY IN POISONING BY OPIUM.—The *Annales de l'électricité* calls attention to the value of electricity in opium poisoning, and narrates four cases in which it was successfully employed when the patient was *in extremis*, and when all the usual means—vomiting, stomach pump, coffee, tannin, etc. (belladonna not mentioned) had been tried, and failed; one pole was placed at the nape of the neck and the other in the perineum, and in quarter of an hour the improvement was such that the patient was out of danger.—*Ex.*

ART. II.—*On the Use of Vesicatories in Children under Two Years of Age.*

Read before the Fayette County Medical Society, by G. W. GARVER, M. D., Connersville, Ind.

Whether the practice of "blistering" in children under two years is indispensable in the treatment of disease, and if not, whether we should not, as humane men, decline to use them, and resort to other less painful remedial agents that will produce the effect desired, has been to me a question of importance since I entered the profession.

The importance of the question has presented itself to my mind in such a manner of late, that I have questioned the members of this faculty as to their experience, and have collected and added to my observation, such facts as I could obtain from various sources touching the subject.

The spirit of progress," it has been remarked, "is the spirit of kindness," and with equal truth may I reverse the sentence and say that "The spirit of kindness is the spirit of progress." Being governed by this sentiment, and having a sensitiveness that makes me hesitate in following up a practice that produces often times unnecessary suffering, although sanctioned by authority from the time that the practice of medicine became a science, to the present day, I have had this question *sub judice* time and again.

In the child the nervous system gives first evidence of morbid action and the sensibility to impressions is increased inversely in a ratio proportionate with the number of years, *i. e.*, the younger the child the greater the susceptibility.

This is easily accounted for, and I can explain it no better way than quoting Dr. Bedford's language " * * * in early age, the spinal cord holds the ascendancy over the cerebral mass, while as age advances, the brain predominates, and controls those reflex actions of the medulla spinalis, which are so common during infancy, etc.," and again, further on, says: "During the first two years of existence, such is the rapidity of its development, the brain doubles its weight; and just in proportion as this organ grows and becomes developed in function, does it assume a higher control over the nervous system, and more especially does it preponderate over the spinal cord."*

*Diseases of Women and Children. Eighth edition. Page 195.

To enter into a discussion to prove that the system of the child is exceedingly susceptible to every kind of impression, whether healthy or morbid is not a part of my task ; but it may be to the purpose to cite a few cases of hyperæsthesia in order more fully to elucidate our subject.

Cold is an eccentric cause of convulsions ; foreign bodies in the alimentary canal produce like effects—the one acting on the sensitive nervous filaments of the skin, the other on the sensitive nervous filaments of the mucous membrane. These impressions are conveyed to the cerebro-spinal axis, and thence, by reflex action, are transmitted to the various muscles of the body, producing tonic spasm. Have any of you known an adult with a nervous susceptibility to external impression so great that cold will produce convulsions? Have you not met with adult person affected with worms in the intestinal tube, and did they suffer from convulsions?

Again, in the adult, opium, or its alkaloids, produces sleep, relieves pain, etc. So it will in the child : but how often has death been produced by the exhibition of the drug? Is it not necessary for us to be exceedingly cautious? Why? Not because the medicine is not indicated, but from a knowledge of the fact that it is liable to produce fatal congestion and effusion of the brain.

There is hardly a single agent, used therapeutically which will not produce effects which are outside of the physiological action of the system, and become pathological. It will be my endeavor to show that vesicatories often produce effects which are altogether pathological.

A number of irritants, when applied to the skin, produce inflammation with one or more of its terminations:—congestion, effusion, ulceration, suppuration, gangrene, etc : e. g. a high degree of heat such as the actual cautery, boiling water, the sun's rays ; and such articles, which having no heat within themselves, so to speak, produce inflammation by irritation, as the *cantharis vesicatoria*, *C. vittata* of the animal kingdom ; ammonia, many of the acids either alone or in combination with bases, in the mineral kingdom.

The changes produced in the derma are: erythematous inflammation, vespicular inflammation, ulceration, often hemorrhage, suppuration, gangrene.

There is an effect produced prior to any of these changes, an effect of considerable importance as it controls the different stages of the inflammatory action to a greater or less extent. I mean the effect produced on the nervous system. This effect is always proportionate in degree to the intensity of the exciting cause, and the susceptibility of the nervous centres, and may be, in order of severity, classified.

(a) Shock, producing death.

(b) Shock, producing adynamia—defective vital power.

(c) Shock, producing general stimulation with tonicity of muscles, (tonic & clonic.)

(d) Shock, producing congestion at the point of irritation.

It will be observed that in the arrangement of the effects, I have placed the greatest first. This, I think, is the true method of arrangement, for I believe that all actions whether healthy or morbid, first effect, and are in turn modified by the great centre of animal and organic life, to-wit: the cerebro-spinal axis.

In class (d) shock producing congestion at the point of irritation, I mean congestion or determination from reflex nerve force, and here is the starting point of inflammatory action proper.

The first impression of the exciting cause being transmitted to the medulla spinalis, produces shock, in its various degrees, long before the terminations or events of local inflammatory action appear. Hence the constitutional effects precede the local changes, and modify them just as the nervous system is affected. Attending every stage of shock, excepting the first (a), the impression is transmitted through the nervous system on the arterial system, producing inflammatory fever, and this fever partakes of the character of the shock to the nerve centres, being either dynamic or adynamic, sthenic or asthenic. It may be well to quote here, in proof of what has been said, the following: “—we must bear in mind that it (inflammatory fever) sometimes precedes the distinct development of the local inflammation, being, in fact, a general excitement or reaction *immediately* induced by the influence of the exciting cause. This is the case where inflammations are produced by cold, fatigue and other causes which first induce congestion. The operation of these influences are at first depressing to the whole system; this is marked in the cold stage of fever, where there is weak pulse, coldness of the extremities and surface, general palor, etc. Afterwards

ensues the reaction, beginning with rigors, accelerated pulse and breathing, etc. Now it is during, or after the establishment of this reaction, that the local symptoms of inflammation become prominent."§

In the same paragraph, in closing, he says. "The same influence (nervous) also probably sustains the inflammatory fever, in the cases noted in this paragraph, where the first febrile movement seems to be clearly the result of reaction. In fact it seems now to be a growing opinion that febrile heat is more or less directly dependent on derangement of functions of the nervous system, especially the sympathetic nerves which have immediate influence on the heart, blood-vessels and respiratory apparatus. The experiments of Bernard and others seem to show that injury of these nerves causes an increased action of the heart, enlargement of the vessels and an augmentation of heat—in short the phenomena of fever: and it is assumed by Virchow as an inevitable inference that fever is the result of increased change in the tissues under the immediate influence of a modified condition of the nervous system."

The effects of nervous erythism, produced by vesicatories, as exemplified in the classification I have made, will be discussed and illustrated next, in order as arranged.

(a) *Shock, producing death.*

In every form of local inflammation there is a greater or less degree of pain. Pain may be so great as will produce death at once: this happens in persons of delicate constitution and children. It was the opinion of Dupuytren, says E. Wilson, that pain exhausted the nervous system of its vital power, just as the heart and blood-vessels are exhausted by excessive hemorrhage, and he distinguished such cases as *mort par excès de douleur*.

In speaking of the constitutional symptoms accompanying vesicated burn, this author says,† "the shock to the nervous system being greater (than those burns of the erythematous kind) and the chances of internal congestion more probable—the danger is increased as the subject of the accident is more excitable and delicate. I once met with the case of a young child who, standing before the fire warming its hand, was struck on the chest with a jet of boiling water from the spout of a tea-kettle. The inflamed spot was a little larger than a crown piece; the epider-

§William's Princ. Med. Am. Edition from 3d London, art. 440.

†Wilson on Diseases of Skin. 4th Am. Ed. page 264.

mis was raised into blisters. Eleven hours afterwards the child was seized with convulsions from cerebro-spinal irritation, and in nineteen hours was dead."

The size of the scalded part and the effect produced——, "the inflamed spot was little larger than a crown piece, the epidermis was raised into blisters" is very like the ordinary size of the fly-blisters upon the child, and shows us what may be done by agents producing shock to the cerebro-spinal axis. The ordinary fly-blisters may produce convulsions as did the jet of boiling water. I have no doubt that often vesicatories produce effects which partake of the characteristics of the diseased action for which they are prescribed, and that these effects, instead of being properly appropriated, are laid at the door of the disease proper; thus, when inflammation of the lungs, a blister is applied to the chest, and soon after, the brain is congested, we insist that the head symptoms are from the improper decarbonization of the blood, and forget that other causes will produce like effects.

Acting similarly, but with less force directly on the centres of organic life, but of a character identical, is the next effect in order of classification, viz :

(b) *Shock producing adynamia—defective vital power.*

Here the exciting cause may be of a mild form, and the nervous system being, at the time, below par, forms in the system, from this enfeebled condition a predisposing cause to a typhoid condition of fever, and determines the character of the produced or excited morbid actions. For instance, there may be prevailing, at a certain place and season, a peculiar poison which produces in certain constitutions a train of symptoms denominated typhoid. But this poison does not affect every one that comes under its influence. The vital force of the nervous system is such, in some, that it resists the influence of the poison, and does not permit the physiological actions of the various organs under its control to be interfered with.

In others, however, there is a deficiency in this vital resisting nerve power, and the exciting cause will produce the effects predisposed by this condition of the nervous system. And yet blistering has been advised in typhoid fever. Allow me to quote: "With a view to their general stimulation, they are used in low states of disease, requiring an excitant influence to support the

actions of the heart, and those of the nervous system. It is not on the circulation only that they operate, but also on the nervous centres; and the latter necessarily before they can effect the former; because it is mainly, if not exclusively through these centres that the local inflammation influences, the heart."*

Now this plan of treating a disease, which we believe to be of a low nervous type, is of doubtful propriety. Jackson does not advise such treatment. Louis and Chomel do not recommend the use of blisters. Nathan Smith says that we should in this disease 'avoid as much as possible, all causes of irritation.' Few resort to them, at the present day, in treating the typhoid patient.

If they are inadmissible in the treatment of the typhoid adult, the inference is plain that they are doubly so, in the young child; and this from the fact that the character of the inflammatory fever is predisposed by the condition of the nervous system—for that of the child is easily forced to succumb, and there follows as a result, defective vital power. In diseases of the child, the whole nervous system is engaged in supplying the various organs with their portion of nerve force, and I think it impolitic to exhaust the nervous energies by producing a blister that will exhaust also, to a great extent, the nerve force already drained upon. In all diseases of a typhoid character, I am persuaded that vesicatories are productive of harm to the child.

(c) *Shock, producing general stimulation, with tonicity of muscles, (tonic and clonic.)*

This is the most favorable effect of blisters, and there is no doubt that often we are impressed with the belief that certainly it is just the thing in the typhoid system as Prof. Wood advises. But believing as I do, that in a *good nervous* system this effect can be produced, and it may be the part of wisdom to use them. yet I also believe that the nature of the symptomatic fever produced by blisters, will partake of the character of the condition of the nervous system, and therefore discard them in typhoid cases.

But in uncomplicated pneumonia of a sthenic form, it would seem highly necessary to resort to counter irritation by blisters. Such is the opinion of medical men, generally. We are informed that the effusion of serum, is powerful in unloading the congested

*Vide, Wood's Therap., and Pharmacology. Art., Epispastics.

blood vessels, and thereby reduces the inflammation of the lung. Thus we have all been taught and have practiced. But there are exceptional cases. Every practitioner here, who was in service during the late war, very well knows that in debilitated and weak subjects (which are nearest the child in point of vital power) it was the practice to use a stimulating treatment, and found by pursuing such a course, the *vis medicatrix naturee* performed the cure.

The little child with pneumonia or bronchitis, if you please, is before the physician, unable to talk, or if able to do so, can not express in words, the extent of pain he is suffering. The doctor finds from the symptoms and physical signs, that there is inflammation of the parynchymata or of the bronchia, or, as sometimes happens, both.

Now with such a case how does he reason? He says, within himself, we have inflammation here—pain is great, fever is high—I will have to make a blister on the little one. Thus he steers from Charybdis to Scilla; he, in order to lessen the inflammatory action, sets up another inflammation; in order to lessen the pain, he makes more pain. Seeing also that there is increased arterial excitement he goes to work to lessen it by increasing it. This is *contraria a contraria* with a vengeance.

It is evident that the treatment should be of such a character as will lessen the inflammatory action. Chambers attributes the good effects which have been assigned to blisters, not to the effusions produced, but to the healing process which soon takes place, and affirms that when in inflammation of the pleura, effusion, if I am allowed, accomplishes nothing, but, the good impression made on the effusion of pleuritis, arises from the effort of nature to renew the blistered surface. That when the healing of a blistered surface commences, the effusion in the pleura begins to disappear.*

Rasow and Lænnec regard blisters as entirely useless in pneumonia. Louis has shown that they do not appreciably affect the duration of the disease and Grisolle has proved conclusively, in addition, that the symptoms of pneumonia very seldom subside soon after the action of vesicatories. Rillet and Barthez arrive at the same conclusion as regards this disease in children, and Dr. West has been led to abandon the use of blisters altogether†

*Renewal of Life.

†Stille. Therap. and Mat. Med. 3d Ed. page 386.

"Rillet and Barthez" says Dr. Meigs,* "have never found either blisters, or Burgundy pitch or tartar emetic plasters, exert the least influence upon any of the symptoms of pneumonia, but, that on the contrary, they *increase* the fever." He says furthermore that since the spring of 1845 he has rarely employed blisters, but resorts to counter irritation from mustard, asserting that "these applications are useful whenever the oppression is great, and when resorted to in the evening they often allay irritability and dispose the child to sleep."

I cite these views of observers not to show how pneumonia or other form of disease should be treated, but in order to show the objections advanced against the use of blisters.

Having glanced at the constitutional effects of vesicatories, I will revert to the local changes produced by them. This will take us back to the consideration of the changes produced in the skin, viz: erythematous inflammation, vespicular inflammation, ulceration, suppuration, sphacelus.

The *erythematous* inflammation is of such a mild form that as a counter irritant in children where indicated, I am not opposed to the production of it. I am of the opinion, however, that sinapisms, or such agents that will not produce by absorption effects prejudicial to the welfare of the patient, should be employed.

Vespicular inflammation, denoted as such, from the effusion of serum beneath the epidermis, which is raised into vesicles, is apt on the admission of air, to take on the ulcerative action after suppuration. "Active inflammation interferes with the nutrition of the part, and leads to its solution." There is a lowered vitality of the part, and hence the effusion may act as a solvent to the epidermis, break it up and thus determine the issue. In broken down subjects, and in children especially, is there tendency to ulceration. And here let me call your attention again to the fact that the condition of the nervous system determines the events of inflammation, just as it predisposes the type of the inflammatory fever. Mr. Paget found in the effusion of the cantharidal blisters healthy or unhealthy products just in proportion to the state of the patient, and this shows conclusively that in persons of a low vitality local inflammation is apt to degenerate into *ulceration* or *suppuration*. In the child an ulcerated surface is extremely difficult to heal. Dr. Chitwood mentioned to me a case

*Diseases of Children, page 176.

in his practice where the ulcerated surface was healed with great care in two weeks. This was a case of catarrhal fever, where a blister had been applied to the child's chest. The irritability of the system is often extreme. The little patient frets and worries, and gives evidence of continual pain and suffering; and in such cases the blistered ulcer, if I am allowed, becomes the disease upon which the skill of the physician is brought to bear. Here he has by supersession, made such an impression on the system, that the original disease is entirely lost sight of, or has suddenly changed its base.

Such progress may be made in the scale of lowered vitality that the last event of inflammation may take place in the part, viz: *phacelus*. It is unnecessary for me to give a description of such a case. The termination is most generally death. In this connection I may quote: "If the blister remains long applied, it may, as already mentioned, occasion profuse suppuration, erythematous or erysipelatous swelling, unhealthy granulations, and even gangrene. It may also give rise to an eczematous, or ecthymatous eruption in the neighborhood, which has been known to spread itself over the whole body." *

There is another effect produced by the blistering which should not be lost sight of, viz.: absorption of the active principle, cantharidine. This accident takes place in the adult, (and surely will take place in the child whose powers of absorption are greater,) and is manifested by pain in the loins, colic, a frequent and urgent desire to urinate, constituting the ardor urinae, hæmaturia, etc. I have never seen these effects produced in the child, from the fact that I am somewhat opposed to the use of vesicatories in very young children. That they do sometimes occur is my belief: and the reason we do not observe them is, that the little one is unable to make known to us the effect that is produced, and can do nothing but lay and suffer until death comes to its relief and closes the scene.

In conclusion I may cite some of the authorities I have consulted on the subject, and give their language. West in speaking of the treatment of pneumonia says:† "It may be well to offer a caution in reference to the employment of blisters, a measure to which we often have recourse with advantage in the adult, but

*Still. Therap. Mat. Medica Vol. I., 3rd Ed. Article Cantharides.

† Diseases of Children, 3rd Am. Edition, p. 278.

which as a general rule is not advisable in young children whose lungs have been solidified by the disease. Stimulating liniments may be employed with advantage; they produce very evident good, and are unattended by the risk that always accompanies making a breach of the surface in a young child exhausted by previous illness. The risk of such sores taking on an unhealthy action appears to be greater after inflammation of the lungs than after almost any disease; and it may be added the risk is still greater in those cases of secondary pneumonia that supervene on measles."

Bouchut says:* "The employment of blisters to the neck, and to different parts of the body, is not followed by that advantage which might be expected from them. Besides the uncertainty of their action, they are likely to give rise to serious danger. The wound which they cause is often covered by a false membrane similar to that of the larynx, which may extend itself very far. Now as the utility of blisters cannot compensate for such an inconvenience, it is in my opinion, better to banish them from the treatment of croup.

Ryan says† "I have seen a blister in the child followed by sloughing, and an aperture form over the epigastrium which exposed the subjacent viscera."

Neligan says‡: "In infants and young children blisters should be used with great caution, as they are liable to produce troublesome sloughing, which in many instances has caused death."

Tanner says§: "Blisters are unfortunately regarded as safe remedies which do no harm if they do no good, hence they are often used when they ought not to be. I have frequently seen them employed in the treatment of various inflammations, but usually, as it appeared to me, more from a desire to do something, than from any clear idea as to the purpose they were to fulfill." What good, let me ask, can arise from applying a blister to the chest in a case of pneumonia, or to the neck in croup, or to the calf of the leg in cerebral or abdominal inflammation? None whatever. On the contrary, it will produce great constitutional inflammation, and perhaps sloughing, especially in infants and young children, whose skins are so vascular and sensitive. Hence we have two diseases to treat instead of one. Such practice is indeed most unscientific and much to be reprobated."

* Diseases of Children, London Ed. 1855, Article, Croup.

† Manual of Midwifery, 3rd London Ed., p. 678

‡ Materia Medica, Am., from 2nd Dublin Ed., 1849, p. 186.

§ Practical Treatise on Diseases of Infancy and Childhood.

I may add that all the authors I have consulted in regard to the treatment of cholera infantum condemn the use of vesicatories, with but one exception, namely, Dunglison, and he only says that in chronic cases it *may* be advisable to use them, but does not give the practice his unqualified approval.

Gentlemen I have done. Already this article has drawn itself out to a length greater than I at first intended. Much more could have been said in support of the humane treatment of the child in its diseased condition, but I have I hope, said enough to impress our minds with the remark made in starting out, viz.: "The spirit of kindness is the spirit of progress," and that here especially it is our duty to remember and practice too the precept given by the Physician of souls that "Love is the fulfilling of the Law."

Hospital Reports.

CINCINNATI HOSPITAL.

Service of Prof. GEO. MENDENHALL.

Reported by DR. HENRY ILLOWY, Resident Physician.

Case of Hysteria dependant on severe Ulceration of Os Uteri.

March 13. Ellen C—, Age 19; servant; born in Ohio. States that at five years had an attack of measles and whooping cough which was followed by "fits" and which, as she says, have continued ever since. Since her menstruation these paroxysms have been more or less closely connected with this period, occurring sometimes before at others after it. She states that during convulsions she froths and bleeds at mouth and bites her tongue, also that she was once forced and suffered for a long time after with pain in her womb, for which she says she was operated upon by an irregular practitioner who, she supposes, injured her during the operation.

Since a few weeks the paroxysms have increased in frequency, coming on two or three times a day.

None in her family have ever suffered from convulsions of any kind.

Status Prasens.—Fair development; medium stature; a listless expression of countenance; pupils dilated; breath exceedingly foetid; furred tongue; no appetite; bowels costive; does not pass urine voluntarily; must be catheterized thrice daily; menses very regular.

So far history taken in medical ward and while there was ordered

R.—Potass. Bromid, \mathfrak{z} iii.

Aqua Dist., \mathfrak{z} iii. M.

Sig. Tablespoonful three times a day.

This treatment was continued from March 1st, (day of admission) till day of transfer without any improvement or any mitigation in the violence or number of the convulsions, continuing as before two or three times a day.

On coming into ward was examined with the speculum and found a severe ulceration of the os uteri, from which blood flowed in such quantity as to lead the nurse to suppose that she was menstruating; patient however stated that she had menstruated but a few days before coming into the house.

4 P. M. Introduced catheter and drew off about a pint of urine, very high colored, of very acid smell, and of high specific gravity. Continued treatment above described.

10 P. M. Found her moaning more piteously, complaining of violent pain in epigastrium, and had a convulsion whilst speaking. Administered a tablespoonful of solution above described, and ordered another to be given at 12 M.

March 14. Pain in epigastrium somewhat relieved; pulse 105; tongue with a yellowish brown fur; no appetite; bowels not moved since day before yesterday. Cauterized the ulcerated os with the solid argenti nitr., and ordered as follows:

R.—Glycerine \mathfrak{z} ij,

Acid. Tannic. \mathfrak{z} ij

Morph, Sulph, \mathfrak{z} i.

M. F. Mist.

S.— \mathfrak{z} ij. To be applied upon a ball of cotton daily to the uterus.

6 P. M. Bowels not yet moved. Ordered

R.—Pill. Cath. Comp. No. 2.

S.—Take to-night.

March 15th. Somewhat better; had a convulsion; noticed that it came on suddenly as if voluntarily, also, that she did not froth or bleed at mouth, nor bite her tongue; twisted her body and rolled her eyeballs wildly; came as suddenly out of it, and did not go to sleep afterwards. Treatment continued, (Potass. Bromid.) and local applications to ulcerations made daily.

March 17th. Greatly improved; had only two convulsions yesterday, countenance brighter; tongue covered with yellowish brown fur; black spots about centre of tongue. Ordered

R.—Hydrarg. Mass. grs. viii.

Quinia Sulph. grs. iv.

Extr. Hyoseyamia grs. ij.

M. F. Pill iv.

S.—One morning and evening.

March 18th.—Ulcerations somewhat improved; still bleeding slightly. General condition in statu quo.

March 19th. Again cauterized ulcerations to-day with solid argenti nitr., and continued glycerine and tannin mixture. Tongue cleaning; appetite somewhat better; still complains of pain in epigastrium.

March 21st. 5 P. M. On visit patient complained that her "water hurt her," introduced catheter, but succeeded in drawing off only a few drops; was surprised when patient in next bed informed me that she had just passed about a quart of urine of rather high color.

Up to this day from March 1st was catheterized three times daily. Has some fever remittent in character; Ordered

R.—Quinia Sulph. grs. xv.

F. Chart. iii.

At 10 P. M. found a complete remission, at which time administered one powder and ordered nurse to give another near morning if in same condition.

March 22d. Received another powder about 5 A. M.; pulse 85; tongue slightly coated; countenance as usual; passed her urine voluntarily this morning. Stopped quinine.

8. P. M. First day that has been entirely free of convulsions.

March 23d. Was ordered to amphitheatre for clinic, and whilst in anteroom had a convulsion behaving in same manner as on

previous similar occasions; rolled off from bed, but in such a manner as not to hurt herself.

March 27. Pulse 116. Tongue coated; breath very offensive
Ordered

R.—Tinct. Cinch. Co. \bar{z} i.

S.— \bar{z} i, three times a day.

March 28th. Pulse 108; tongue coated with dirty brown fur. Has had no convulsions since the one on March 23. Has crying spells without cause.

March 29th. Pulse 90; tongue still coated with dirty brown fur.

March 31st. Countenance cheerful. First day since coming into house that she has lost that heavy dull, care-for-nothing look. Local applications still continued and ulcerations looking better.

April 5th. Tongue continued coated with dirty yellowish brown fur. Ordered

R.—Hydrarg. Mass. grs. viii.

Quinia Sulph. grs. iv.

Extr. Hyoseyami grs. ii.

M. F. Pill iv.

S.—One morning and evening.

April 11th. Tongue cleaning nicely; appetite improving.

9 P. M. Was called to patient, who again had convulsions. The first lasting about ten minutes, two others following in about fifteen minutes. Administered lac assafœtidia \bar{z} i, and half an hour after Pot. Bromid. grs. xx. Ordered assafœtida to be continued through night.

April 12th. Another spasm at eight this morning, lasting about five minutes. In the afternoon patient repeated to nurse the conversation had in the ward at the time of her convulsion, showing that she was not insensible to what was going on around her. Ordered.

R.—Tinc. Assafœtid. \bar{z} i.

S.— \bar{z} i. thrice daily.

April 18th. Sore mouth, ordered chlorat. potash gargle; general condition improved. No local applications made since 12th. (on account of approach of menstrual period.)

April 27th. Menses appeared this morning causing her great distress. 4 P. M. another convulsion.

May 1st. Improving. No paroxysm since the one last recorded.

May 5th. Continues well; local applications to uterus resumed this day. Ulcerations almost healed, scarcely perceptible, look more like simple abrasions.

May 3rd. Improving rapidly. No convulsions since the one last recorded, (April 27th.)

May 14th. Discharged cured, (at own request.)

Service of Prof. C. G. COMEGYS.

Reported by JAS. W. DAWSON, M. D., Resident Physician.

Rheumatism.

The following cases are given in illustration of the curative value of the alkaline treatment of this disease.

CASE. I.—Jason B——, age 45; teamster; admitted April 23rd, complaining of pain in joints and fever; diagnosed rheumatism was placed upon the following:

R.—Bicarb. Potash. $\bar{3}$ ss.

Acetate Potash $\bar{3}$ iss.

Aqua distil. oi. M.

S.—A tablespoonful hourly until urine is rendered alkaline. then a tablespoonful every three hours.

On following morning urine was found to be alkaline. Pain in joints mitigated.

May 1st. Patient discharged well.

CASE. II.—Wm. G——, age 40; printer; admitted March 20th; suffering intensely with pleurodynia. Cups were placed over painful region, which gave considerable relief from pain. The following morning his feet and ankles became much swollen. He was then put on alkaline treatment, and had but little pain from time his urine became alkaline. He was pronounced convalescent, and discharged from treatment on the first day of April.

CASE. III.—George G——, age 18; admitted April 11th. with pains in joints and fever. Patient is a scrofulous subject. and two ugly ulcers are present on anterior aspect of tibia. For these it was ordered to dust them with Bismuth, and for his rheumatism

to have the alkaline treatment. Discharged from medical ward cured of his rheumatism on the 25th of April.

CASE. IV.—Sophia H——, housemaid; age 23. Applied for admission March 31st, suffering with rheumatic fever complicated with endocarditis. Has been subject to rheumatism for eight years. Ordered the alkaline treatment. Was discharged cured April 13th.

CASE V.—Mary R——, age 22; domestic. Was admitted on the 17th of April, with fever and pains in joints. Says she has been sick for two weeks. Her joints are much swollen, and very red and painful. Ordered alkaline treatment. The following morning urine alkaline. Discharged well May 7th.

CASE. VI.—Ellen H——, age 35; cook. admitted March 1st suffering with rheumatism, the chronic variety. She was put alternately upon the wine colchicum, dov. pulv. and quinine, and alkaline treatment. The latter remedy benefitted her the most. The rheumatism yielded slowly. She was discharged well April 15th.

CASE. VII.—Mary McK——, age 35; admitted April 24, with rheumatic fever, and pains in hands and knees. Has been subject to rheumatism for several years. Ordered the alkalies. Discharged well May 2nd.

Surgical Items.

By J. B. HOUGH, M. D., Ridgeville, Ohio.

Sponge Tents.—Knowing the fact that absolute or *strong* alcohol will quickly *set* the fibres of common sponge, after having been moulded or compressed into any given size or shape, I was led to the following quick and easy method of preparing sponge tents, tampons, etc :

The sponge is first thoroughly moistened with water and pressed as dry as the strength of the hand will permit; then having formed it into the desired shape and size by the hand, or by pressing into a quill or any other tube or mould it is immersed into the alcohol. If the spirit is sufficiently strong, (90 to 100

pr et) the sponge is *immediately* set into the given shape, which it retains perfectly after the pressure or mould is removed. It is then hard, firm and inflexible and may be trimmed to a sharp point or any other desired shape.

To restore it to its former size and shape it is only necessary to moisten it with a few drops of water. The alcohol sets the sponge perfectly, whether the amount of compression be much or little, so that the degree of dilatation, attainable by the use of tents thus prepared, will of course, depend upon the size after moulding and the degree of pressure used. As this process of preparation works perfectly and *without delay* its advantages are obvious.

Specular Ear-forceps.—The difficulty often experienced in removing foreign bodies from the ear without injury to the organ or unnecessary pain to the subject suggested, the idea of a light, slender forceps having for its jaws the longitudinal halves of an ear-speculum, prolonged into mandibles of sufficient length to reach the *tympanum*. The instrument must be bent so that the hand shall not intervene between the eye and the object. The great satisfaction and convenience experienced in using an improvised forceps of this kind leads me to believe that instrument makers would confer a favor upon themselves and the profession by supplying us with a convenience that would soon create its own demand.

Fatal case of tetanus resulting from the removal of ten teeth from the upper jaw while under the influence of the nitrous oxide gas.

By H. K. STEELE, M. D., Dayton, Ohio.

John E. P——, age 19 of strong constitution, robust and in full health, on the 1st of March last, while under the influence of nitrous oxide gas, administered by a dentist, had ten of the upper teeth removed, for the purpose of having a full artificial set inserted.

He felt some of the pain of the operation, but was well able to endure it and recovered apparently from its effects, and continued at his occupation, that of farming. On the 7th of March a twitching of the lower lid of the right eye, with a tendency in it to "draw down" was observed by himself and friends. On the 8th he applied to the dentist for relief, who made an external ap-

plication of chlorform, deeming that sufficient. The left eye, however, became similarly affected, and other symptoms were gradually manifested until the 14th, at which time I first saw him (the distance from the city, 7 miles, being probably, a reason why I was not sooner called.) There was then inability to separate the jaws more than three-quarters of an inch, a spastic contraction of the masseter. There was retraction of the angles of the mouth, and an occasional clonic spasm of the muscles of the abdomen.

Under the influence of a cathartic, with full doses of belladonna and bromide of potassa and ice-bags to the spine; two or three hours sleep was obtained that night, without, however, relaxation of the jaws, or entire subsidence of the abdominal spasm. On the morning of the 15th there was a perceptible exaggeration of the symptoms, the spasms of the abdominal muscles at times being very painful, deglutition performed with some difficulty; a drop of water falling on the chin or running down the neck, producing the spasms in their full force.

Chlorform by inhalation moderated the pain and gave temporary comfort. Atropia was substituted for the belladonna and cannabis indica for the potas. bromide with morphine to be given at night.

March 16th,—Had slept two hours during the night after taking the morphine; but a continuance of it did not maintain relief. This morning the disease is aggravated. He can not remain in bed, and occasionally has to be raised to a standing position, the spasms affecting all the muscles of the body, that of the extensors predominating.

From this time onward the disease increased in severity. The thoracic muscles; those controlling respiration being more affected than the others. There was at no time opisthotonos or emprosthotonos, but the body was powerfully extended to a straight position. He was not able to remain in bed during the last two days, and it was only whilst there was relaxation of the spasms that he could sit in a chair, *the rest of the time he was held on his feet, and required the windows and doors to be kept open*, which in the very inclement weather, was of course an aggravation to his disease and precluded all hopes of affording him relief. He died on the 19th almost in a standing position, having just sunk down

exhausted by the violence of a spasm. The treatment may be summed up as follows :

Ice-bags to spine ; morphine ; chlorform by inhalation ; cannabis indica ; potass brom ; belladonna ; atropia ; extract callabar bean by hypodermic injection $\frac{1}{3}$ grain in solution and 1 grain per ore.

The remedies affording the most relief are in the order which they are named.

Chloroform for the last two days affected the respiration dangerously. The hypodermic application of calabar bean was not in the least beneficial.

Dr. Jno. Davis, of Dayton, saw the case with me the last three days.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

Twentieth Annual Meeting. Held in the City of New Orleans, May 4, 5, 6, and 7th.

FIRST DAY—TUESDAY, MAY 4, 1869.

THE Association convened at Mechanics' Institute, New Orleans, La., on Tuesday, May 4, 1869, and was called to order by the President, W. O. Baldwin, M. D., of Alabama, at 11 o'clock, the appointed hour.

The opening prayer was offered by the Rev. Mr. Gallagher, of Trinity Church.

Dr. T. G. Richardson, Chairman of the Committee of Arrangements, gave an address of hearty welcome to the delegates, and detailed the plan of business of the Association. No change of hour was deemed expedient. The following gentlemen were invited to seats on the platform : Drs. H. F. Askew, of Delaware ; N. S. Davis, of Illinois ; and Alden March, of N. Y., Ex-Presidents of the Association ; and Drs. Warren Stone, and A. Lopez, of New Orleans. Drs. Taney, Legare, Anfoux, Tebault, and Barnes, of New Orleans, and McFarland, of Mississippi, were elected members by invitation

ADDRESS BY THE PRESIDENT.

Dr. W. O. Baldwin, the President, then delivered the following address :

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION: I congratulate you on the return of an occasion which permits us to renew that fraternity of intellect no less than that sympathy of feeling by which our life and vocation as physicians are beautified and enobled. Of no profession are the inspired words more true than ours, that we are "members one of another." The ideal of our profession is that of complete and thorough oneness. What is scientific truth for one is scientific truth for all. We have a common estate in the facts, aims, and purposes that belong to the science of medicine; and hence we do a wise work when we acknowledge the exalted unity of the medical profession by this annual assemblage.

The nature of this occasion reconciles me, in some degree, to the task which I now have to perform. When I remember that the position I now occupy was first filled by the distinguished Chapman, and that the succeeding anniversaries have been presided over by men whose genius had shed not only light, but lustre, on the annals of our profession, I feel that nothing but the inspiration which breathes through affections, kindled into life by this Association, could sustain me under the sense of incompetency for the duties to which your kindness has called. Relying on the same spirit which prompted you to confer on me the highest distinction within the gift of the medical profession of America, and hoping that my deficiencies may be forgotten in the interest and magnitude of the subjects awaiting your deliberation, I proceed to discharge the duty which the custom of my predecessors has imposed upon your presiding officer.

The spirit of a profession is the true sign of its character, as it is the measure of that respect with which its talents and services are regarded. Manly sentiment, springing from broad and genial sympathies, is the soul of every profession, and if it is wanting, no skill, not even usefulness, can prevent it from sure and speedy degradation. The first and last requisite of professional life is not power of intellect, however valuable that may be, nor those acquisitions of knowledge that enrich our thoughts, but that other and finer quality of generous manhood, which, as a subtle and pervading essence, enters with its healthy vigor and

animating impulse into all its connections. Of our profession this is eminently true ; and, on this account, I rejoice that the records of this Association give no evidence of sectional unkindness and prejudice even during the period of our late bloody war.

To me, gentlemen, this occasion is one of solemnity and significance. Standing here in the great commercial metropolis of of the South, I find myself surrounded by men representing nearly every section of a country so lately arrayed in hostile strife. At a time when every other organization has been shaken to its centre by the passions of deadliest hate ; at a time when the most matured conservatism has been overmastered by the vindictive fury which has swayed the popular mind ; at a time when even instinct has been treacherous to its ends ; you have been drawn hither from homes far distant, over highways full of painful historic incidents, through territories watered by the blood and tears of a sorrowing nation ; and you have assembled here as brothers and friends, to unite your offerings to a common science.

The mournful witnesses of this terrific struggle have confronted your eyes ; the shadowy phantoms still linger on the stage where these tragedies have been performed ; the air we breathe has not yet lost its echoing groans of dying heroism nor the pathetic anguish of sorrowing relatives. Amid these circumstances, so sundering to the most sacred companionships of life, you have met in the spirit of Him who is this world's greatest and best healer—that Divine One, who, opening and continuing his ministry of service by curing all manner of diseases, finished its majestic self-denials in the reconciliations of the cross.

Eight years ago we were separated by civil war. That war engendered the bitterest feeling in every other national organization, whether scientific, political, or Christian ; but the members of this Association, without words of crimination or reproach for one another, assumed the respective places assigned them by the obligations of citizenship. Through the long and bloody contest which ensued, this Association, in its resources, honor, and renown, was in the keeping of our Northern brethren and during those memorable years, when the sense of bitter wrong and burning hate filled all hearts, and when friendships and affections, born of the hallowed ties of friendship and consanguinity, sent their messages—once of love and tenderness—at the

point of the bayonet or through the cannon's mouth, what were the feelings which moved this Association? At the first meeting, two years after the war began, they indulged only in expressions of profound regret that "the brethren who once knelt at the same holy altar, and drank with them at the same pure fountain," had been separated from them by civil war, endangering thereby the claims of the Association "to an unselfish nationality, and robbing it of the presence and counsel of many of its warmest adherents;" while praying at the following meeting that the period would soon come when we should again be "one in our political, professional, and social relations."

The same humane and catholic spirit continued during the war to mark the conduct of the members of this Association. Each of the divided sections met the tasks required by its respective position. But wherever found, whether sharing the hardships of the campaign or discharging the duties of private practice, they comprehended the essential difference between what might prove on the one hand a transitory evil, and what on the other hand they knew would be a lasting good. Accordingly they remained the consistent representative of a noble brotherhood.

If they did not sink the patriot in the physician, they did not sink the physician in the patriot. The imperative instincts of each character, true to its trusts and faithful to its requirements, acted for themselves and in the direction of their owned ends. Amid the shouts of battle and the shock of arms they raised themselves to the height and grandeur of their calling, and thus stood far above the embittered prejudices that encircled all other classes of men. So far from allowing the fugitive passions of the times to betray them from their professional allegiance, they vindicated their sagacity no less than their manliness by looking to the future—by contemplating results not the less certain because remote—by regarding with thoughts chastened and subdued that state or man in which the interests of life and death meet together—and by considering as paramount to all selfish motives the claims of that science with whose undisclosed mysteries they must yet wrestle for the well-being of mankind. Above all, they looked to the transcendent value of a virtue which should contrast, in broad masses of light, its purity and power with the corruptions and frailties of the hour, which should, by reason of its disinterestness, diffuse itself through

the affections of nations, and reach in the large outgoings of its sympathy the hearts of generations yet unborn.

When at last this dispensation of carnage ended, and while as yet the war-path was crimsoned with the blood or whitened with the unburied bones of our brethren, this Association again met. Like the surges of the sea—dark, tumultuous, raging, though the storm has passed from the sky and fled beyond the horizon—the meaner instincts of hatred, revenge, and persecution still swayed the multitude. The mob of fanatical intellect unappeased and the mob of popular passion thirsting for new strife, joined their hands to prolong the wretched alienation. The avenging angel had lifted his brooding wings from the landscape and cried, “It is enough;” but now other vials of wrath seemed about to be poured forth on a land hopeless because helpless. You then meet to pour oil on the unquiet waters. Here was scope for a statesmanship, aye, for a generalship grander than any which the war had developed.

Here was the best of opportunities to inaugurate a new epoch of fraternal sympathy. Nor were you unmindful of its solemn behests. True to your past professions of regret over our separation, you saw the vacant seats in this Association of your Southern brethren, and actuated by the higher instincts of manhood, and scorning the base ambition to degrade a fallen antagonist, whom the saddest experience had taught the bitterest lessons of life, you set the nation an example of dignity, moderation, and virtue, to which no other organization in the land has yet had the wisdom or the sensibility to rise.

Within a few weeks after the cessation of hostilities this Association held its regular annual meeting in the city of Boston, and there renewed, with manly sympathy, its former expressions of kindness, inviting us to come again and be their brethren. I quote their own language on that occasion when I say: “The unhappy feud which for years has divided the nation has ceased, and peace has come, we trust for ever; so we hope soon again to meet our members and delegates from the South on the platform of fraternity, and to this end we extend to them a cordial welcome.” At a subsequent meeting you repeated this sentiment in the following language: “We would fain meet again those from whom we have been separated, draw the mantle of forgetfulness over the past, renew to them the expression of regard, and with

them dedicate the hour and the occasion to the sacred cause of learning friendship, and truth."

And when at the last meeting we met our Northern brethren, how were we received? They met us as equals in the past and equals in the present, saying in effect if not in words, "If quarrel we ever had, it is over; we have no explanations to offer, no apologies to demand; we know that we have done our duty: we feel that you have done no more, and that you would have been unworthy your noble vocation had you done less; we have guarded faithfully the institution so long left in our charge, in which we now claim but an equal interest with you; with the incense we have burned in its sacred fane we have not permitted the poisonous spirit of party to mingle, and we now invite you to go with us to the smiling and peaceful fields of that science whose interests it shall be our common work to foster and advance; here we will walk with you to the stern realities and moveless grandeur of labor and thought, and find in their quiet paths a relief from the gloom of the past; here we will divide with you the toils and share with you the rewards of labor, the honors of success."

Against the insolence of the day; against its unreasonable pride, its overweening vanity, and its shameless scorns, your conduct bore a moral protest which, while acting directly on our profession, has had no small agency in producing those indications of a return to reciprocal sentiments of confidence and respect in which all the good men of the country rejoice. The mythical war between the Athenians and Amazons led, in the midst of arms, to the most intimate friendship between their leaders. When Pirithous and Theseus finally met on the plains of Marathon, after many a hard-fought battle, the former, regarding himself and army as captives, said to the latter: "Be judge thyself; what satisfaction dost thou require?" the noble Athenian replied. "Thy friendship;" and they swore inviolable fidelity, and were ever after true brothers in arms. Alas that the nineteenth century has so often to recur to classical heathenism to find its illustrations of genuine magnanimity!

Looking at these facts, am I not warranted in asking if any organization has emerged from our late convulsions with so much dignity? Has it not come forth from the sharp ordeal with those graceful virtues that belong to our higher nature? The world may have its conventional rules of intercourse between

man and man--its creed of moral philosophy--its code of honor--its accredited formula of behavior, while it lavishes its praise on the charms of human brotherhood; but it has been left to the American Medical Association to teach practically the intellects of the land one of the most ennobling lessons in the dignity, beauty, and glory of refined and civilized life—a lesson that not only hallows the spirit of our professional character, but instructs the physician in those spiritual sentiments which lead to the highest virtues, among which are reckoned Charity and Forgiveness.

Of the one, we are told that the archangel, who never knew the feeling of hatred, has reason to envy the man who subdues it; while of the other, it is said, that when we practice forgiveness to the man who has pierced our heart, he stands to us in the relation of the sea-worm that perforates the shell of the muscle, which straight-way closes the wound with a pearl.

No apology, gentlemen, is necessary for dwelling so long on the moral spirit of this Association. If I had not believed that a moral sentiment underlies all profound thought, all true research, all genuine wisdom; that it is the strength of civilization, the security against those covert forms of heathenishness and brutality that lurk under the imposing hypocrisies of outward splendor, and the ulterior end for which nations and mankind exist; if I had not been assured that our profession rests on this basis, and can rest on no other, I should not have devoted so much time to this subject. Turning from these reflections, so naturally suggested by the circumstances of our present meeting, I am reminded that other points of great practical significance claim our attention.

The President then gave a sketch of the present state of medical education in the country, and proposed in the following words a plan, which he believed, would tend in a measure to remedy many, if not all of the evils:

I would advise that we appoint a committee of our wisest and best men to digest a plan for one or more National Medical Schools, and to memorialize Congress in behalf of the enterprise. Let the plan embrace as a basis the feature presented by the Cincinnati Convention of Teachers; let these schools or universities confer such distinctions and privileges as will be proportionate to the superiority they demand, and such as will make the attainment of their diploma an object to the ambition of

those who engage in the study of medicine; let the chairs be open to all aspirants, and the appointment or election of professors so guarded as to secure the very highest talents, the most profound learning, with the most fully demonstrated capacity for teaching. Make the salaries of the professors large, and not to depend upon the number of students; and let the Federal Government assume a proper share of the expenses incurred.

The number of these schools may be multiplied as experience may demonstrate their superiority and necessity.

Our present medical schools, and such as hereafter obtain their charters from State governments, may adopt their own regulations, and such as do not conform to the national standard will either become tributaries or preparatory schools to the national universities, or dwindle into merited neglect.

I am persuaded that such assistance on the part of Congress can be obtained. I think that a committee could demonstrate, that of the vast amount of labor and money expended annually for the public good, a portion could not be better bestowed for the welfare of humanity and the interests of American civilization than in creating and upholding one or more universities which will perfect the object for which this Association was organized. Such reforms have not been elsewhere effected except through governmental interposition, and our own experience has amply shown that it is vain for us to hope for them through any other means.

I am perfectly well aware that any plan looking to the General Government for sanction and support has its embarrassments, and that it will be opposed on the ground of incompatibility with republican institutions; but I do not doubt that all objections can be fully answered. The most moderate view taken of the offices of government specifies *protection* as its main end, and when, if not here, is protection demanded? Utilitarianism proclaims its conquering motto in the words, "The greatest good to the greatest number;" and when, if not here has the motto a consummate application? The recent changes in political science, as well as the practical revolutions in the institutions and relations of the age, show clearly enough that whether for good or ill, governments are becoming more direct representatives of the prevailing public opinion, and are acting more immediately from the popular heart. Tell me how this government could more effectually permeate our homes, our tenderest sentiments, our

truest earthly well being, than by bending its mighty aid to a measure so fraught with patriotic philanthropy? No profession has a sublimer human ideal than ours; none comes closer to the daily evolutions of Providence; none touches the individual and social happiness of men at so many points; and yet standing in this high relation, it is almost alone in the facility with which ignorance may enter and work its mischief. If a student of law receives license to practice his profession, his blunders in the conduct of his cases do not often affect the happiness or well-being of a family; and besides, his errors may be corrected; his case may be re-argued; and withal, he belongs to a profession jealous of its intellectual power, and most sensitive to its influence—a profession which compels a man to show what are his merits, to demonstrate to the court, the bar, the jury, and the world, his precise abilities and allows him to win no success not based upon professional capacity. But where a young man obtains his diploma from a medical college, he has passed through the only trial the law demands, and has obtained that which society recognizes as the test of merit.

Next to the minister of the Gospel, the physician appeals to the sentiments of the public mind, and particularly to those sympathies which are least inclined to make close examination of pretensions. The atmosphere in which he moves is unfavorable to keen criticism; the circumstances of anxiety and often of sorrow, as well as the feeling of dependance under which his professional skill is sought, indispose families to scrutinize his ability, and he is usually accepted with implicit reliance. Outside of the medical colleges what safeguard protects a community from impositions of ignorance, stupidity and recklessness in our profession? You all know that society has no redress at the hands of physicians themselves, since their lips are sealed as to censuring comments on the practice of their professional brethren. Two physicians may receive diplomas from the same or different colleges; one may be highly intelligent, the other grossly ignorant. Yet they stand before the community as equally learned and equally authoritative. Through a pleasing and artful address the ignorant brother may outstrip his more accomplished rival in acquiring the confidence of the community in which they live. The latter may daily witness the gross and even fatal blunders of the former, yet in view of the creed of common courtesy recognized by general society, as well as the

Code of Ethics established by yourselves, nothing would be more unwise than for him to attempt the exposure of his weak and ignorant brother.

Then there is, gentlemen, no safeguard but in a thorough preparation of those who seek to be clothed with the doctorate. To this end you are pledged, and from this position you cannot recede without discredit to yourselves, and certain degradation to that calling of whose interests you are the highest representatives, the recognized and rightful guardians.

A profession like ours that is invested with a power of unequalled beneficence; that disdains all mystery, all prestige of authority, and all superstitious veneration for traditional dogmas; that asks for confidence on the sure basis of scientific knowledge, appropriates no discovery to selfish aggrandisement, holds its resources as the gift of Heaven, open to the good of all mankind, and labors to imitate Him who, nearly nineteen centuries ago, healed the infirmities of the multitudes that waited on His ministry of love and wisdom; such a profession should never falter in giving heed to its own instincts, never waver in strenuous and persistent exertions to elevate still higher its practical ideal, and never abate those heroic convictions which are at once the proof of its high vocation, the credentials of its claims on public respect, and the pledges of its sure success.

On motion of Dr. H. F. Askew, of Delaware, the address was referred to the Committee on Publication.

REPORTS OF SPECIAL COMMITTEES

After the reading of letters from different members, expressing regret at the inability to be present, the reports of committees were called for.

On the Cultivation of the Cinchona Tree. By L. J. Deal of Penn. Accepted and referred.

On Alcohol and its Relations to Medicine. By Dr. J. Bell, of Penn. Received and referred.

On the Cryptogamic Origin of Disease, with Special Reference to Recent Microscopic Investigations on the Subject. By Dr. E. Curtis, U. S. Army. Referred to Committee on Epidemics.

On Operations for Hare-lip. Dr. A. Hammer, Missouri, chairman. No report.

On Clinical Thermometry in Diphtheria. Dr. Joseph G. Richardson, New York, chairman. Discharged at their own request.

On Prophylactics in Zymotic Diseases. Dr. Nelson L. North, New York, chairman. Reported and referred to Section on Meteorology and Epidemics.

On Inebriate Asylums. Dr. C. H. Nichols, Washington, D. C., chairman. No report.

On the Influence of Pneumogastric Nerve on Spasmodic and Rhythmical Movements of the Lungs. Dr. Thomas Antisell, Washington, D. C. chairman. No report.

To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals. Dr. D. W. Bliss, D. C., chairman. No report.

On the Utilization of Sewerage. Dr. Stephen Smith, New York, chairman. No report.

On the Influence of Quarantine in Preventing the Introduction of Disease into the Ports of the United States. Dr. Elisha Harris, New York, chairman. No report.

On Nurse-Training Institutions. Dr. Samuel D. Gross, Penn. chairman. Reported and referred to Section on Practical Medicine.

On Commissioners to aid in Trials Involving Scientific Testimony. Dr. John Ordronaux, New York, chairman. Reported and referred to Section on Medical Jurisprudence.

On Annual Medical Register. Dr. John H. Packard, Penn., chairman. Reported progress, and on motion of Dr. Mussey of Ohio, it was

Resolved, That each State Medical Society be requested to prepare an annual register of all the regular practitioners of medicine in their respective states, giving the name of the colleges in which they may have graduated, and date of diploma or license.

On Devising a Plan for the Relief of Widow's and Orphan's of Medical Men. Dr. John H. Griseon, New York, chairman. Reported, which was referred to the Committee on Publication.

On Veterinary Colleges. Dr. Thomas Antisell, D. C., chairman. Reported progress and was continued.

On Specialities in Medicine, and the Propriety of Specialists Advertising. Dr. E. Lloyd Howard, Maryland, chairman. Reported, and was on motion made the special order for Wednesday, at 12 M.

On Library of American Medical Works. Dr. J. M. Toner, D. C. chairman. Reported, and was on motion of Dr. Davis made special order for Wednesday at 1 P. M.

On Vaccination. Dr. Henry A. Martin, Mass., chairman. No report.

On the Decomposition of Urea in Uræmic Poisoning. Dr. H. R. Noel, Maryland chairman. No report.

On the Best Method of Treatment for the Different Forms of Cleft Palate. Dr. J. R. Whitehead, New York, chairman. Reported and referred to Section on Surgery.

On Rank of Medical Men in the Navy. Dr. N. S. Davis, Ill., chairman, announced that their last year's report was final, and committee was discharged.

The Report on Medical Ethics by Dr. D. Francis Condie, Penn., chairman, was read by Dr. Davis, and adopted.

On American Medical Necrology. Dr. C. C. Cox, Maryland, chairman, reported progress, and was continued on motion of Dr. Davis. Dr. Cox was authorized to fill all vacancies on his committee.

Voluntary communications were presented by Prof. Jos. Jones, of New Orleans, on Mollites Ossium; and referred to Section on Surgery.

On the Tongue in Malarious Diseases, by Dr. Osborn, of Ala. Referred to Section on Practical Medicine.

On Cases of Lead Palsy from Use of Cosmetics, by Dr. L. A. Sayre, of New York. Referred to Section on Hygiene.

On the Physiology and Chemistry of Longevity, by Dr. Cutler, of Miss. Referred to Section on Hygiene.

On the Protective and Preventive Uses of Quinine, by Dr. S. Rogers of New York. Referred to Section on Practical Medicine.

On the Warm Cerebro-Spinal Bath in the Treatment of Congenital Apnœa, and on a New Method of Artificial Respiration, by E. D. McDaniel, of Alabama. Referred to Section on Practical Medicine.

Reports on Climatology and Epidemics were received from Drs. Thomas, of New York; T. J. Heard, of Texas; F. W. Hatch, of California; E. A. Hildreth, of West Virginia; which were referred to Section on Climatology and Epidemics.

Reports of progress were received from Drs. Hamill, of Illinois; A. Lager, of Michigan; Compson, of Mississippi; and Pimm, of Louisiana.

On motion of Dr. Davis, the Report on the Revision of the Plan of Organization was made the special order for Wednesday at 10 A. M.

Papers relative to Medical Education were read and referred on motion of Dr. Davis, to a special committee of five to be appointed by the President.

The President appointed Drs. Davis, Ill.; P. F. Eve, Tenn.; E. S. Gaillard, Ky.; F. Lee Jones, N. Y.; and J. K. Bartlett, Wis.

On motion adjourned until Wednesday at 9 A. M.

RECEPTION AT MECHANIC'S INSTITUTE.

On Tuesday evening the delegates had a formal reception at Mechanic's Institute. A large number of citizens and a good sprinkling of the fair sex greatly enlivened the entertainment, and lent an additional zest to the enjoyment of the guests. A bountiful repast had been provided, (a notable feature of which, for Northerners, at least, was strawberries and cream) and was appetizingly discussed. All present were refreshed as well as edified.

SECOND DAY.—WEDNESDAY May 5TH, 1869.

The meeting was called to order by the President, Dr. W. O. Baldwin, at 9 A. M., pursuant to adjournment.

On motion, the reading of the minutes was dispensed with.

The following members were, on motion, elected members by invitation: Dr. Jas. E. Morris, New Iberia, La; Drs. Wm. H. Watkins, John M. Cullen, Charles H. Kelly, S. R. Hurd, C. J. Beekham, P. B. McKelvey, Wm. G. Austin, J. Bensadon, O. Anfoux, H. D. Semidt, Fr. Loeber, S. A. Smith, of New Orleans; L. L. Henry, Henderson McFarland, J. S. Bacon, of Mississippi; Dr. C. Tucker of Danville, Ky; and Drs. Florence O'Donnoghue, and John F. Randolph of the U. S. A.

Dr. Paul F. Eve submitted a paper on the "Canula as a New Mode of Applying Ligatures." Referred to the Section on Surgery.

Dr. J. M. Bush, of Kentucky, offered the following, which was adopted:

Resolved, That a committee of five members be appointed by the chair, to take into consideration the subjects alluded to in the President's address, and report at this meeting.

The following gentlemen were appointed on the above committee: Dr. Parvin, of Indiana, chairman; Dr. Toner, of the

District of Columbia; Dr. Pollock, of Pennsylvania; Dr. Welch, of Texas; Dr. Seely, of Alabama.

REFORMS IN MEDICAL EDUCATION

Dr. McPheeters, of St. Louis, presented a petition from the faculty of that city, suggesting some necessary changes in reference to graduating incompetent persons. The main reason for the existing evil seemed to centre itself in a rivalry between the regular schools. It was, on motion of Dr. Toner, referred to the special committee on that subject.

A report from the Medical Society of Tennessee, pertaining to the same subject, and offered by Dr. Eve, took the same course.

Dr. E. S. Gaillard, of Kentucky, offered the following, which were likewise referred:—

WHEREAS, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

WHEREAS, the condition of the profession is yearly becoming more deplorable on account of the antagonistic and objectionable policy of medical schools in making the amount of fees charged, rather than a successful teaching, the basis of competition; and

WHEREAS, to obtain professional competent graduates, sound and efficient teachers are indispensably necessary; and

WHEREAS, such teachers, to be found throughout the country, can not be induced to leave their homes without the assurance of competent remuneration; and

WHEREAS, such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the number of students be relied upon to make up the inevitable pecuniary deficiency; and

WHEREAS, reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience, and skill, thereby compelling practitioners to resort to other avocations as a source of supplemental income; and

WHEREAS, this devotion to other pursuits destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

WHEREAS, the schools of New England, New York, Pennsyl-

vania, Maryland, Virginia, South Carolina, Georgia, Alabama, Texas, Tennessee, and District of Columbia now charge comparatively remunerative fees; and

WHEREAS, the low system of fees is charged only in a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

WHEREAS, it is as unethical for colleges to underbid each other pecuniarily as for practitioners to do so:

Resolved, That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

Resolved, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Chas. A. Lee, of New York, delegate to the Association of Superintendents of Insane Asylums, was presented and referred to the Section on Psychology.

The report of Dr. Gross, of Pennsylvania, delegate to Foreign Medical Association, was offered, together with the letter of Prof. Ehrenberg, was next read and referred to the Committee of Publication.

AMENDMENTS TO THE CONSTITUTION, ETC.

In accordance with a previous motion the consideration of the revision of the Plan of Organization of the Association was taken up.

Dr Hibberd, of Indiana, offered the following which was adopted:

Add to Art. VII, the following: "*Provided*, however, that when an amendment is properly under consideration, and an amendment is offered thereto, germane to the subject, it shall be in order, and, if adopted, shall have the same standing and force as if proposed at the preceding meeting of the Association."

The following amendments, submitted last year, were then in due course adopted.

II. *Members*.—In this section, second paragraph, fourth line, insert after the words "United States" the words "from the army and navy."

In fifth paragraph, third line, insert after the word "member" the words "or whose name shall have been, for non-payment of dues, dropped from the rolls of the same;" in fifth line (same paragraph) after the word "sentence," read "or disability;" in sixth line, after the word "society" add the following. "Or shall have paid up all arrears of membership; nor shall any person, not a member and supporter of a local medical society, where such a one exists, be eligible to membership in the American Medical Association."

In seventh paragraph, fifth line, strike out the remainder of sentence after the word "by" and insert the words "at least three of the members present, or three of the absent permanent members." In ninth line after the word "delegate," add the words "except the right to vote."

In eighth paragraph, fifth line, add after the word "delegates," the words "and comply with the requirements of the by-laws of the Association."

In ninth paragraph, third line, insert after the word "must" the words "exhibit his credentials to the proper committee."

III. *Meetings.*—In first paragraph, third line, strike out after the word "shall" the words "never be the same for any two years in succession, and shall."

After the ninth paragraph insert the following new sentence: "Corresponding members shall consist of such medical gentlemen, eminent in their profession, residing out of the United States, as the Association shall, from time to time, elect."

IV. *Officers.*—In first paragraph, third line, after the word "Treasurer" insert the words "and Librarian." In second line after the word "Secretary" strike out the article "and."

The following amendment was, after much discussion, unanimously rejected: In the third line, after the word "Librarian," insert the following new sentence: "The President shall be nominated and balloted for in open convention, and shall be elected only from those who have attended at least five annual meetings of the Association; and if, on the first ballot, no person receives a majority of the votes cast, the second ballot be confined to the three highest on the list; should no choice be then made, the candidate lowest on the list shall then be dropped. In the event of a tie on the third or succeeding ballot, the President shall decide by a casting vote."

After the eighth paragraph insert a new paragraph as follows. "The Librarian shall receive and preserve all the property in books, pamphlets, journals, and manuscripts presented to, or acquired by the Association, record their title in a book prepared for the purpose, acknowledged the receipt of the same, and he shall also be a member of the Committee of Publication."

V. *Standing Committees*.—In second paragraph, second line, insert after the word "members" the words "of whom the Assistant Secretary shall be one."

In third paragraph, first line, strike out the word "and." In second line, after the word "Treasurer" read "and Librarian."

VI. *Funds and Appropriations*.—In first paragraph, fifth line, insert after the word "the" the words "delegates and permanent." In same line strike out the word "individual."

VII. *Provision for Amendment*.—In the first paragraph, fourth line, strike out the word "members," and insert the word "delegates."

By-Laws.—III. *Standing Committees*.—In second paragraph, ninth line, strike out all after the word "resolution."

In third paragraph, fourth line, after the word "receive" insert the word "original." In the same line after the word "any" insert the word "medical."

In third paragraph, eleventh line strike out the word "volunteer" and insert the word "original."

In the sixth paragraph, second line, after the word "State" insert "and Territory." In fourth line strike out the words "our country" and insert the words "their respective States and Territories." In same line strike out all after the word "and" and insert the words "shall transmit them to the chairman of this committee on or before the first of April of each and every year."

V. *Assessments*.—In fourth line strike out the word "the," and in same line all after the word "expenses" to the end of the sentence.

In second paragraph, first line, strike out all after the word "invitation," and insert the following sentences: "Permanent members not in attendance will transmit their dues to the Treasurer. Any permanent member who shall fail to pay his annual dues for three successive years, unless absent from the country, shall be dropped from the roll of permanent members."

On motion of Dr. Davis, of Illinois, the amendment was amended as follows: "After having been notified by the Secretary of the forfeiture of their membership."

The amendment was adopted as amended.

The following were adopted as read:

VII. *Delegates to Foreign Medical Societies.*—In first paragraph, fourth line, after the word "Europe," insert the words, "or other foreign countries."

X. *Of the previous question.*—When the previous question is demanded, it shall take at least twenty members to second it, and when the main question is put under force of the previous questions and negatived, the question shall remain under consideration the same as if the previous question had not been enforced.

A recess was then taken to allow of the selection of members of the Committee on Nominations. The following gentlemen were named:

New York, J. C. Smith; Delaware, H. F. Askew; Pennsylvania, A. M. Pollack; Kentucky, H. M. Skillman; Tennessee, J. B. Lindsley; Mississippi, W. Y. Gadbury; Alabama, J. Cochran; Ohio, John Townsend; Indiana, B. S. Woodworth; Illinois, T. D. Fitch; Wisconsin, H. Van Dusen; Missouri, J. S. Moore; Michigan, J. B. White; Georgia, R. D. Arnold; Louisiana, S. Logan; Texas, S. M. Welch; Minnesota, C. N. Hewett; Arkansas, R. G. Jennings; West Virginia, W. J. Bates; Rhode Island, G. L. Collins; District of Columbia, L. W. Ritchie; United States Army, J. J. Woodward; United States Navy, F. E. Potter.

Dr. Chaille, of La., submitted a plan for a new and universal nomenclature in medicine, founded on a model for the same, published by the Royal College of Physicians of London, and accordingly offered the following:

Resolved, That a committee of five be appointed by the President, to report as soon as practical to the present session of this Association upon the following:

1. The propriety of adopting, and using its influence to have adopted, by the entire medical profession in the United States, a provisional "Nomenclature of Diseases of the Royal College of Physicians."

2. On the practicability of having this nomenclature published

in such manner as may render it easily and cheaply accessible to every member of the profession.

3. To recommend such other practical measures for the action of this Association as may be necessary to introduce this nomenclature into official (military, naval, etc.) and general use.

Dr. Woodward, U. S. A., favored the proposition, and stated that the Surgeon-General was inclined to adopt it.

On motion the resolutions were adopted, and the following gentlemen appointed members of the committee: Drs. Woodward, U. S. A.; Heustis, Alabama; F. G. Smith, Pennsylvania; and, Chaille, of Louisiana.

PROPOSED AMENDMENTS TO CONSTITUTION.

Dr. Cochran, of Alabama, offered the following amendments which were laid over under the rules:

1. Section 2, paragraph 1—That the clause “as members by invitation” be stricken out.

2. That the second paragraph be stricken out.

3. That of paragraph fourth, all shall be stricken out except the first sentence.

4. That paragraph 7, of “members by invitation,” be stricken out.

The reports of the Committee of Publication and the Treasurer were read, accepted, and referred to the Committee of Publication.

REPORT ON SPECIALISTS, ETC.

The report on Specialists was read by the Secretary, and on motion of Dr. Sayre, N. Y., it was adopted.

Dr. L. P. Yandell, Jr., of Kentucky, then offered the following:

Resolved, That private handbills, addressed to members of the medical profession, or cards, calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association.

Quite an animated discussion took place upon the above resolution, and was partaken in by Drs. Sayre, of N. Y., Davis of Illinois, Mussey, of Ohio, and others. In the course of the debate an amendment was introduced to insert “or in medical journals,” and the whole, as amended, was finally adopted.

CONCERNING THE RECOGNITION OF HOMŒOPATHY.

Dr. Burnett, of Miss., introduced a question transmitted by the Vicksburg Medical Society, asking whether the members of that body were entitled to hold communication with a certain old practitioner, of thirty years' standing, a regular graduate of medicine, who declares that he practises both homœopathy and the regular system.

Dr. Toner: I would like to ask if the physician in question is a member of the Vicksburg Medical Society? If so, I would move that that body be denied the right of representation here.

Dr. Burnett. He is not a member of that association.

Dr. Davis, of Illinois. When a man puts an *ism* or an adjective to his name, he should be excluded from this association. Homœopaths are not recognized by it.

Dr. Palmer, of Michigan, read from Code of Ethics, proving that such a man was unfit to be recognized by any respectable practitioner.

Dr. Burnett. The physician claims to be a regular physician although he practises homœopathy.

Dr. Toner. If our Vicksburg brethren want starch in their knees, I am willing to adopt a resolution to strengthen them.

Dr. Gaines, of Alabama, moved its reference to a committee. Carried.

REPORT ON THE AMERICAN MEDICAL LIBRARY.

The special order for 1 P. M. being the report on a plan for founding a National Medical Library. Dr. Toner, the chairman, read the report. The report recommended the foundation of such a library in Washington, D. C., and urged the acceptance of a proposition made by the Congressional Librarian, to take all the necessary charge of the works that might be deposited. Accepted.

After some discussion, Dr. Davis offered a resolution accepting the proposition of the Librarian, and appointing a committee of one, a resident of Washington, to aid in carrying out the general design of the report.

Both of these were finally adopted.

The report of Committee on Medical Education was made the special order of business for Thursday, 10 A. M.

REPORT OF COMMITTEE ON PRIZE ESSAYS.

The committee recommended the award of one hundred dollars each, to Dr. S. S. Herrick, of New Orleans, for an Essay on Quinine as a Therapeutic Agent, and to Dr. Roberts Bartholow, of Cincinnati, for one on the Physiological effects and Therapeutical Uses of Atropia and its Salts.

A rather unwise attempt to dispense with the award was made, but luckily it did not prevail.

A paper on Operations for Vesico-Vaginal Fistula, by Dr. Shuppert, of New Orleans, was presented and referred to Section on Medicine.

A communication from Dr. H. R. Storer, of Boston, covering the action of the Gynæcological Society, in reference to the importance of diseases of women, was read by the Secretary, and laid on the table.

Dr. Booth of Mississippi introduced the following resolution, which was adopted.

Resolved, That the proper construction of article four, Code of Ethics American Medical Association, having been called for relative to consultation with irregular practitioners who are graduates of regular schools; therefore

Resolved, That article four, section one, Code of Ethics, excludes all malpractitioners from recognition by the regular profession.

The Association then adjourned till Thursday morning at nine o'clock.

THIRD DAY—THURSDAY, May 6, 1869.

The meeting was called to order by the President at 9 A. M.

Dr. T. Parvin, chairman of the Committee on the President's Address, read a report recommending the adoption of the suggestions in regard to a National Medical College. The Committee use the following language:

Your Committee expresses their hearty approval of this general plan, but suggest that the effort at first should be for the establishment of but a single school, as more feasible, and besides one such institution would be a model which other medical colleges might in time be induced to imitate in extent, duration, and

thoroughness of teaching, and in rigidness of requirements for the degree of M. D.

We likewise desire to say, that when the details of this general plan are thrown into form, there should be the amplest security against the places and power of such a medical college as designed, ever falling into the hands of politicians, or the proteges of politicians. Medicine is higher than politics, broader than political creeds and party platforms.

In conclusion your Committee reiterate the recommendation of the President as to the appointment of a committee for the special purposes referred to.

Dr. Hibberd moved its acceptance. Adopted, and on the proposition of Dr. Davis the Committee was ordered to consist of five.

Dr. W. M. Baldwin, of Alabama, Dr. F. G. Smith, of Pennsylvania; Dr. D. H. Storer, of Massachusetts; Dr. E. S. Gaillard, of Kentucky; and Joseph Jones of Louisiana, were appointed.

THE ASSOCIATION OF AMERICAN EDITORS.

Dr. N. S. Davis announced to the Association the formation of an offshoot in the shape of an Association of Editors of American Medical Journals. The following preamble and plan of its organization, as presented by Dr. Theophilus Parvin, editor of the *Western Journal of Medicine*, had been unanimously adopted.

The editors of the medical journals in the United States desiring to cultivate professional courtesies, to facilitate the conduct and general management of our journals, to promote their interests, their usefulness, and make them a still greater power for professional and popular good, and especially to advance the interests of medicine, hereby unite together under the following:

Name.—The Association of American Editors.

Purposes.—The cultivation of friendly relations, mutual assistance, community of effort and means where practicable, in a system of receiving foreign exchanges, and of sending our own journals abroad; in urging, with hearty concert, improvements in the present system of medical education, and a higher standard of preliminary education of those who desire to enter upon the study of medicine; the collection of vital statistics; the collecting of the names of all the regular physicians in the United States, age, place, and date of graduation, if a graduate; also, the same in reference to graduation at literary institutions, if such graduation has taken place.

Meetings.—These shall be held, commencing at 10 A. M., on the day preceding, and at the place of the annual meeting of the American Medical Association.

Officers.—President, Vice-President, Permanent Secretary and Secretary.

The President, Vice-President, and Secretary shall be elected annually, and shall serve at the meeting of the succeeding year.

Committees shall be appointed where necessary for the carrying out of any of the special purposes of the Association.

These resolutions having been signed by the following delegates: Dr. N. S. Davis, *Chicago Medical Examiner*; Dr. James M. Holloway, *Richmond and Louisville Medical Journal*; Dr. Wm. M. McPheeters, *St. Louis Medical and Surgical Reporter*; Dr. W. K. Bowling, *Nashville Journal of Medicine*; J. Berien Lindsley, *Nashville Journal of Medicine*; Dr. Greenville Dowell, *Galveston Medical Journal*; Dr. Samuel Logan, *New Orleans Journal of Medicine*; Dr. S. S. Herrick, *New Orleans Journal of Medicine*; Dr. E. W. Jenks and Geo. D. Andrews, *Detroit Review of Medicine and Pharmacy*; Dr. W. S. Mitchell, *New Orleans Journal of Medicine*; and Dr. S. M. Demiss, *New Orleans Journal of Medicine*—the officers, as follows, were unanimously elected:

Dr. N. S. Davis, President; Dr. W. M. McPheeters, Vice-President; Dr. W. S. Mitchell, Permanent Secretary, and Dr. J. Berien Lindsley, Secretary.

The following resolutions were unanimously adopted:

That a committee on foreign exchanges be appointed, to consist of Dr. Parvin, as chairman, and the Permanent Secretary.

That the Permanent Secretary be instructed to correspond with such regular medical journals of the United States as are not now represented, informing them of the objects of the organization, and inviting their co-operation.

That a committee consisting of Drs. Bowling, Dowell, and Andrews, be appointed on the Registry of Physicians.

That Dr. Holloway be appointed a Committee on Revision.

That the President deliver at the next meeting an address on the history, progress, etc., of medical journalism in this country, and that the members of the Association furnish to him such material and information as they may be able to obtain.

That besides the members already signing the constitution, all physicians connected with regular medical journals be considered members, upon signifying, in writing to the Permanent

Secretary, their willingness to subscribe to the foregoing articles of agreement, until opportunity be afforded them of signing said articles.

That the President be requested to announce to the American Medical Association the formation and objects of this Association.

That these minutes be furnished to the secular papers with the request that they be copied.

That Dr. Halloway be appointed a committee to arrange some general plan of commutation between medical journals.

That the Committee on Exchanges be instructed to arrange a general plan for the establishment of agencies in all the principal cities.

The matter was, on motion referred to the Committee on Publication.

A report of the Committee on Medical Education was next read by its chairman, and adopted.

DELEGATES TO THE BRITISH MEDICAL ASSOCIATION.

The following gentlemen were appointed delegates to the British Medical Association:

Dr. N. Pinckney, U. S. N.; R. R. McIlvaine, Ohio; J. F. Hibberd, Indiana; B. Lindsley, D. C.; G. C. Blackman, Ohio.

To the Canadian Medical Association: Dr. Alden March, Albany, New York.

Drs. Sayre, New York; Toner, D. C.; Askew, Delaware; Arnold, Georgia; McCluskey, Alabama, were appointed a Committee on Ethics.

OFFICERS-ELECT FOR 1870.

The Committee on Nominations reported the officers of the Association chosen for the year 1870:

For President.—George Mendenhall, Ohio.

For Vice-Presidents.—Warren Stone, Louisiana; Lewis A. Sayre, New York; F. Gurney Smith, Pennsylvania; John S. Moore, Missouri.

For Assistant Secretary.—Wm. Lee, D. C.

For Treasurer.—Caspar Wistar, Pennsylvania.

For Librarian.—Robert Reyburn, D. C.

Committee of Arrangements.—Thomas Antisell, chairman; Robert Reyburn, C. N. Ford, L. W. Ritchie, W. J. C. Duhamel, D. R. Hayner, C. F. Nally.

Committee of Publication.—F. Gurney Smith, Pennsylvania, chairman; W. B. Atkinson, Pennsylvania; A. J. Semmes, Georgia; Robert Reyburn, D. C.; Caspar Wistar, Pennsylvania; H. F. Askew, Delaware; Wm. Maybury, Pennsylvania.

Committee on Medical Literature.—J. J. Woodward, U. S. A., chairman; W. H. Anderson, Alabama; Theophilus Parvin, Indiana; Hosmer A. Johnson, Illinois; C. W. Parsons, Rhode Island.

Committee on Prize Essays.—Grafton Tyler, D. C., chairman; N. R. Lincoln, D. C.; N. R. Smith, Maryland; G. W. Miltenberger, Maryland; W. R. Dunbar, Maryland.

Committee on Epidemics.—Add the following to fill vacancies: J. K. Bartlett, Wisconsin; J. B. Jackson, Kentucky.

Committee on Education.—T. G. Richardson, Louisiana, chairman; E. W. Jenks, Michigan; E. S. Gaillard, Kentucky; W. M. McPheeters, Missouri.

Time for meeting, in Washington, first Tuesday in May, 1870.

A recess of fifteen minutes having been taken, Dr. Smythe, House Surgeon of Charity Hospital, presented and explained a case of ligation of the arteria innominata and common carotid of the right side. The operation was made five years ago, and is the only successful case on record.

THE DUTIES OF PHYSICIANS TO EACH OTHER.

Dr. Herrick, of Louisiana, moved an amendment to the Code of Ethics on the duties of physicians to each other and to the profession at large.

ARTICLE I.—Duties for the support of professional character.

Proposed amendment, additional section, and section five.

The spirit of trade and of gain from merchandise should by all means be dissociated from the practice of a liberal profession, and it is important that practitioners should not allow their pecuniary interests to compromise their duties to their patients. Therefore, in cities and other communities where the services of competent apothecaries can conveniently be obtained, physicians should resign to them the whole business and profits of dispensing medicines.

The subject lies over till next year.

Dr. Davis submitted a report on some propositions, etc., from State societies. Adopted.

Dr. Chaille, of Louisiana, from the Committee on nomenclature,

also offered a report favorable to the original resolution, which was accepted and referred to the Committee on Publication.

The Committee on the Nomenclature of Diseases have the honor to report that it has examined the "Provisional Nomenclature of the Royal College of Physicians" of London, and is of the opinion that it is desirable for this Association to recommend and adopt the same for general use in this country, with such modifications as, on deliberate consideration, may appear to be necessary. The following resolutions are therefore submitted :

1. *Resolved*, That a special committee of fifteen be appointed by the President to take this subject into deliberate consideration, and to report at the next annual session what alterations, if any, are necessary to adapt the proposed nomenclature to general use, in the United States.

2. That this Committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publication be authorized to publish for general distribution, one thousand copies of the English and Latin portions of this nomenclature, under the designation of the Proposed Nomenclature, prefacing the same with such remarks as may be deemed necessary to secure the criticism and co-operation of as large a number of American medical men as practicable.

4. That the committee appointed be directed to draw the attention of the Surgeon General of the Army, of the Chief of the Bureau of Medicine and Surgery of the Navy, and the Superintendent of the Census, to the question of their official adoption of the proposed nomenclature ; to invite them to appoint whom they see fit to represent them on this committee ; and to solicit such co-operation as may be necessary to accomplish the purpose desired, viz : the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureaus of the government and of the general profession.

Committee—S. E. Chaille, Louisiana ; J. J. Woodward, U. S. A. ; A. B. Palmer, Michigan ; F. G. Smith, Pennsylvania ; J. F. Heustis, Alabama.

The following committee of fifteen was appointed :

Francis G. Smith, chairman ; J. J. Woodward, U. S. A. ; R. F. Michel, Alabama ; A. B. Palmer, Michigan, S. E. Chaille, Loui-

siana; L. P. Yandell, Jr. Kentucky; Austin Flint, N. Y.; Alonzo Clark, New York; Geo. B. Wood, Pennsylvania; H. S. Dickson, Penn.; E. Jarvis, Mass.; Theo. Parvin, Ind.; W. M. McPheeters, Missouri; E. M. Snow, Rhode Island; N. Pinckney. U. S. N.

An invitation was tendered the Association from the corporation of the Mobile and Ohio Railroad to such members as desired to return over that route; also from Capt. Neal, of the Steamer Richmond, to make an excursion to Carrollton. Both were accepted with the thanks of the Association.

UNIFORM RATES OF COLLEGE FEES.

Dr. Gaillard submitted the resolution for a uniform rate of college fees; one hundred and twenty dollars being named as the minimum.

Dr. Sayre of New York was decidedly opposed to cheap medical colleges, and was fearful that the adoption of the resolution would encourage laxity. Understanding, however, that there was no prohibition to the increase of fees, he withdrew his objection.

Dr. Logan, of Indiana, proposed to make the minimum one hundred and forty dollars.

The amendment was opposed by Dr. Mussey, of Ohio, on the ground that the fees of the Ohio colleges had to be equalized with those of the Michigan colleges. The location of a college made a good deal of difference in the cost of living. He believed that some colleges could afford to receive only eighty dollars, while others could not get along inside of a fee of one hundred and forty dollars.

Dr. McPheeters, of Missouri, favored the original resolution without amendment.

Dr. Palmer stated that the college of Michigan was allowed a donation from the government of two townships of land and that it could thus maintain itself with moderate fees. The college was willing to put up the fees for students from other States to one hundred and forty dollars, if the same requirements were made from other students. Under the law of the State of Michigan students from that State were allowed the benefits of the institution free of charge.

Dr. Davis, of Illinois. I do not object to discuss the fees, but I do claim that it is out of place to advertise the superior claims

of State colleges here. We have had no more illiterate students in our Illinois College than have come to us after one course in the University of Michigan!

Dr. Parvin, of Indiana: I move to amend by striking out one hundred and forty dollars and inserting one hundred dollars. If we make the fees of colleges uniform, the next step will be to make the fees of practitioners uniform, the same in villages of the West as in the city of New York, and that is not equitable or practicable.

The amendment of Dr. Parvin was then put, and was lost.

The resolution was then amended to read as originally, one hundred and twenty dollars as the minimum collegiate fee, and was thus adopted.

On motion, there was appointed a special committee on the relative advantages of Syme's and Pirogoff's mode of amputating at the ankle—D. G. A. Otis, U. S. A., chairman, and Dr. J. D. Holloway, of Louisville, Kentucky.

Dr. Bemiss presented from Dr. John Watters, of St. Louis, Missouri paper on the Doctrine of Forces—Physical and Vital.

PRELIMINARY EDUCATION.

Dr. A. M. Pollock, of Pennsylvania, offered this amendment to the constitution:

Resolved, That all county medical societies shall be required to elect a committee annually, whose duty it shall be to examine all applicants for admission as students under the tuition of its members, and that no member of any county medical society shall receive any such applicant until such applicant shall present a certificate from said committee testifying that he has a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage.

Laid over under the rules.

Dr. Toner, D. C., moved that a committee on variola be appointed—Dr. Joseph Jones, chairman. Adopted.

Dr. Pinckney, U. S. N., made statements respecting relative grades of rank. The paper was ordered on the minutes.

Dr. Toner: That the paper on Albinism, by Prof. Joseph Jones, of New Orleans, which had been referred to the Smithsonian Institution for publication, be placed in the hands of the Committee on Public Education. Carried.

Dr. Davis moved the reference of another paper, by the same author, to the same committee, which was also carried, notwithstanding the statement that there were only \$900 in the Treasury.

HOMEOPATHY UNDER DISCUSSION.

Dr. Palmer offered a resolution forbidding consultation with persons professing to practice a certain exclusive system, and providing for a committee of seven to report thereon at the next meeting. He defined his object to be a calm report upon homœopathy. Adopted.

Dr. McPheeters moved a re-consideration, stating as his reason that such a report would be undignified. Carried.

Dr. Palmer, of Michigan: If facts can be placed before the public as to what homœopathy is, it will have an effect, a wonderful effect. If not, we shall have enough of it yet. If we keep silent, and do not expose it, the error will make progress.

Dr. McPheeters, of Missouri: You can not reason the people out of homœopathy, since it was never reasoned into them. Do not dignify the system by a separate report on it.

Dr. Palmer, of Michigan: The discussion of the subject in Michigan led to the repeal of the law of the state authorizing its study in the university. The humbug need only be exposed to be condemned.

Dr. Bartlett, of Wisconsin, was opposed to the consideration. He thought that its errors might be exposed in Michigan or any other State, but it should not be discussed here.

Dr. Hibberd, of Indiana: A notice of this subject by this Association will give notoriety to homœopathy.

Dr. J. Helmick, of Ohio: You need not think that a notice of homœopathy by this Association will give it notoriety. It has got notoriety, and as great a notoriety as the regular system of practice. If we say that we are afraid to denounce homœopathy, that gives it a notoriety. This Association is opposed to all systems that are contrary to the regular mode of practice. Hundreds and thousands of your patrons know nothing about homœopathy, but they employ homœopaths.

After some more discussion the resolution was rejected.

The Association then adjourned until nine A. M., on Friday.

FOURTH DAY—FRIDAY, MAY 7th, 1869.

The meeting was called to order by the President.

Prof. Joseph Jones exhibited some very interesting specimens of pathology, anatomy, and natural history. At the close of the presentation an appropriate vote of thanks was tendered to the distinguished speaker.

The reports of the various sections were then received in their order, and severally referred to the Committee on Publication.

RESOLUTIONS OF THANKS.

Dr. F. G. Smith presented the following, which was received with applause and unanimously adopted by the members standing:

Resolved, That the thanks of this Association are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over the deliberations, and to the Committee of Arrangements, the physicians and citizens of New Orleans, for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that this visit will always be among the brightest and most enduring of our lives.

Resolved, That we also present our thanks to the various railroad and steamboat companies, who have so liberally extended to us facilities of transportation: and to the daily press for their efficient aid in reporting the proceedings of this meeting.

The following names were added to the *Committee of Correspondence with State Medical Societies*: Dr. N. S. Davis, Illinois; J. S. Weatherly, Alabama; J. M. Toner, District Columbia.

To the *Committee on Canadian Medical Association*: H. F. Askew Delaware; R. Miller, Alabama; J. M. Bush, Kentucky; N. S. Davis, Illinois; Riggs, Alabama.

To the *International Medical Association*. Dr. W. J. C. Duhamel, District Columbia; Jos. Berney, Alabama; E. L. Jones, New York; B. F. Dawson, New York; Joseph Jones New Orleans.

To the *British Medical Association*: F. A. Ross, Alabama.

Delegate to *Association of Superintendents of Insane*: Robert Reyburn. District Columbia.

On motion of J. P. Moore, of Mississippi, the following preamble and resolutions were adopted:

WHEREAS, the contract system is contrary to medical ethics;

Resolved, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

A good quantity of minor business was then disposed of, after which Dr. W. O. Baldwin, the retiring President, appropriately thanked the members for their courtesy to him as their presiding officer, when the Association adjourned to meet at Washington, D. C., on the second Tuesday in May, 1870.

A great many of the members afterwards started on the Laura, on an excursion to the celebrated Lawrence Plantation at Magnolia. This trip was the feature of the entertainment, and very one was sorry when it was over. The Committee of Arrangements well deserved the heartfelt thanks tendered to them on their return trip.—*New York Medical Record*.

Editor's Table.

AMERICAN MEDICAL ASSOCIATION.—By our report of the minutes of the Association, it will be noticed that many points of interest were presented, considered, and acted upon.

Medical ethics, and the subject of the fees of medical colleges claimed a large portion of the time devoted to business. It was evident that the *pocket* was the soul of certain members representing certain medical corporations, that being the only "soul" attributed to "corporations," and these members assumed the role of custodians of the honor and dignity of the medical profession, all of which, in their estimate, hinged upon the exaction of high fees for instruction in medical science.

One member from Mississippi presented the grievances of the profession at that point. An old practitioner, who was once a reputable member of the profession, found out that homeopathy was the road to wealth, and claimed to be endowed with superior wisdom in therapeutics, *a la Hahnemann*, or *a la* anybody else, as

it suited his patient's tastes, had so much influence in the community as to be considered head medicine man of the place, on account of which, many of the "regulars" consulted with him, hence the complaint of others that such consultations were in violation of the Code of Ethics. The Association thought that any declaration would be the work of supererogation, but to enable the member to return triumphantly to his constituents, voted that Article IV, Section 1, Code of Ethics, excluded all irregular practitioners, who are graduates of regular medical schools from recognition by the regular profession.

The resolution of Dr. L. P. Yandall, jr., of Louisville, Ky., declaring it "a violation of the Code of Ethics to address the profession by private handbills or advertisement in the medical journals, or in newspapers, as specialists, was passed unanimously.

Several resolutions emanating from Medical Societies and the Faculties of Medical Colleges on the subject of qualifications for the doctorate, were referred to a committee. These resolutions included the question of the amount of fees proper to be exacted from an aspirant to medical honors. The extent of the "fees" being the "outward and visible sign of the inward and spiritual grace of the doctor." The committee reported to refer the questions involved in the various resolutions to each State Medical Society for such action as would be adapted to its locality.

This was not satisfactory to a professor of a school in Louisville, that had commenced its existence with cutting under the old established price of that locality, and in turn had been cut under ruinously, and had lost at its game, who now was seized with a holy horror at the degradation of the profession, estimated by the meagre exchequer of the aforesaid school, and the price of fees, who arose in an agitated manner presenting the original whereases (to the number of ten) that had been referred to a committee, and demanding a coroner's inquest on the "whereases and resolutions" that were reposing under the table. The pathetic appeal was responded to in true sympathetic generosity for the afflicted professor, and a majority vote, not "unanimous" as reported in the *Louisville Courier Journal*, advised one hundred and twenty dollars as the minimum of fees for medical colleges.

In the course of the discussion the President was interrogated as to the character of the resolution, it being considered by the

speaker as simply "advisory," to which interpretation the President assented. Then followed remarks demonstrating the impracticability of enforcing a uniform cash rate, one dollar in New Orleans, and in New York having a relatively exaggerated value, over one dollar in Cincinnati, Columbus, Cleveland, and the Mississippi valley generally.

"This Valley" cares not for the exactions of Atlantic or Pacific slopes. We are a law unto ourselves, they may adopt such laws as the locality demands. We must be regulated by circumstances, and by the value of the dollar in our locality, for that is the commoner's standard of all estimates, and is not only that of the profession, but of all municipal and local authorities. Contrasts were presented between cheap schools, so-called, and high toned schools. The first were known to exist in early days, and continue to *this present time*. One one hundred and forty dollar school at the centre of the government of the United States of America was reported as teaching anatomy by the reading of the text of Gray, and the illustration by the delineation upon paper.

It is, without doubt, desirable that there be an approximation to uniformity of fees for medical colleges, but at present it is impracticable. We cannot ignore the existence of universities, and the American system of education. Free education being claimed as the crowning glory of our institutions.

We protest against the forced construction of the action of the Association. Any person of common sense knows it is simply advisory. If those who are shocked at the dishonor inflicted upon the medical profession by schools who do not adopt advice, will take the trouble to look over the Transactions of the Association, they will find a lecture term of six months recommended; a declaration that candidates for graduation should not be examined singly in private by the professor, and a host of resolutions, fully as authoritative as that under consideration, which have not been adopted by medical colleges. Why does not our advocate arraign the entire community of colleges with charges and specifications on these counts? Simply because there is no *money* standard of the criminality, and he would be compelled to stand trial himself.

Let our good friend reflect upon the dishonor he and others have inflicted upon the profession by the violent tone and undig-

nified language of the productions of their pens, that have been paraded in the daily journals of Louisville for many weeks, and withhold his censure of those who are as competent to judge of what is, or is not, degrading to the profession we delight to honor.

W. H. M.

WE CALL attention to the action of medical teachers in Louisville. We have not room for comments.

LIBRARY MEDICAL DEPARTMENT }
UNIVERSITY OF LOUISVILLE. }
May 27th, 1869. }

At a meeting of Delegates from Medical Colleges for the purpose of considering the question of fees, which was held this day, the following colleges were represented by delegate or letter, viz.:

University of Nashville; Shelby Medical College, Nashville; Memphis Medical College, St. Louis Medical College; Humbolt Medical College of St. Louis; Rush Medical College of Chicago; Chicago Medical College; Indiana Medical College of Indianapolis; Miami Medical College of Cincinnati: University of Louisville.

On motion Dr. Bowling was elected Chairman, and Dr. Bayless Secretary of the meeting. After a prolonged conference, the following preamble and resolutions were adopted:

WHEREAS, The call for a convention of Delegates from the Medical Colleges of the West, for the purpose of arranging a uniform scale of fees, sent by the Faculty of the Medical Department of the University of Louisville to the Colleges of Nashville, Memphis, Cincinnati, Columbus, Cleveland, Detroit, Chicago, St. Louis, Indianapolis and Louisville, has met with a cordial response in person or by letter from a majority of said Colleges, and

WHEREAS, The fact that several of said Colleges have issued their announcements for the ensuing sessions makes definite action at present impossible, and

WHEREAS, The views and opinions of the various schools as given by delegates and letters differ greatly, therefore be it

Resolved, That it is the hope of this Convention that a uniform scale of charges be now adopted by all the Medical Col-

leges of our country, and we do most earnestly advise such a scale shall be agreed upon; and it is our belief that the glory and usefulness of our profession would be enhanced by the adoption of the highest rate advised by the American Medical Association.

Resolved, It is not less to be hoped that all the Medical Colleges of our country would fix a higher standard of preliminary and medical education as a pre-requisite for graduation.

Resolved, That the Convention request all the Medical Colleges in the United States to send each one delegate to a meeting to be held in Washington, on Monday, May 2nd, 1870, to take efficient steps toward carrying out in good faith the recommendations of the American Medical Association in reference to medical education, and also to form a permanent association of American medical teachers.

Resolved, That a copy of these proceedings be sent to all the medical journals in the country.

WM. K. BOWLING, *Pres.*

GEO. W. BAYLESS, *Sec'y.*

THE OHIO STATE MEDICAL SOCIETY.—The Twenty-Fourth Annual meeting of our State Society convened in the city of Columbus on Tuesday, June 8th, in the State House. The sessions were busy and useful, occupying Tuesday, Wednesday, and until noon of Thursday, with some matter hastily disposed of, which might have held the Society all of Thursday with profit.

The attendance was unusually large, and we were gratified to meet some of the oldest members of the society, as for example Dr. Boerstler, of Lancaster, who was President in 1851.

In addition to the various excellent reports which were read Several topics of important professional interest were brought before the attention of the Society; as with the American Association, so the Ohio seems now ready to grapple with the questions of medical education after a more practical fashion than heretofore. The action in regard to practical anatomy, we think will meet with the hearty response of the profession generally.

On Tuesday evening the Association visited the *Asylum for Idiots*, by invitation. We think there was a degree of surprise on the part of the visitors at finding so magnificent and well appointed an edifice, as well as the proficiency Dr. Doran has made in his efforts to bring up the culture of these poor benighted creatures.

There are now one hundred and five inmates, but the work is being rapidly classified, and the superintendant proposed to accept material additions to this number at an early day—say to the extent of one hundred and fifty. Those who have kept pace with this great State Charity will bear in mind that twelve years ago this asylum was begun as an experiment, steadily its friends have persevered, and now for about one year, past only, they have the satisfaction of seeing the institution placed on a good foundation, and in a fit building. We must not omit to say that the collation served up at the Asylum was very elegant, and received full justice on the part of the guests.

On Wednesday evening a portion of the Society found their way to accept an invitation to the *Deaf and Dumb Asylum*, and those who went were amply repaid for the trouble. The institution is in most capital condition; the refreshments were appropriate; the exhibition of mute pantomime was very delightful, and especially the take-off of "doctor and patient" had an appreciative and delighted audience.

Dr. S. M. Smith, of Columbus, is elected President this year—a selection in every way fit. Of course Dr. Thompson is retained as Treasurer, and Dr. Hall, of Fayetteville, Secretary.

The meeting next year will be at Cleveland, and as it will be the Twenty-Fifth Anniversary of the State Society, it was voted to make it a special occasion, and in addition to the President's Annual Address it was decided to have an historical resume, and a poem. Dr. Stevens, of Cincinnati, was elected historian, and Dr. Murphy, poet.

We regret that we are unable to give the proceedings entire until next month.

CROWDED OUT.—The Transactions of the American Medical Association occupy so much space that the Proceedings of the Dayton Medical Society, Union District, several items of interesting Correspondence, Book Notices, etc., sent to the printer for the present number, are crowded over to the August number, much to our regret. Next month also we hope to give the Proceedings of our State Society.

THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D. EDITOR.

VOL. XII.

AUGUST, 1869.

No. 8.

Original Communications.

ART. I.—*Removal of Superior Maxillary Nerve with the Ganglion of Meckel and the Inferior Maxillary Nerve, for Persistent Facial Neuralgia.*

By WM. H. MUSSEY, M. D., Cincinnati.

Mr. S—, of Chicago, Ill., aged thirty-two years; accountant; has been employed since thirteen years of age incessantly for fourteen years, when he was the subject of great nervous excitability and insomnia, lasting six months; he was then attacked with excruciating acute pains, continuing for thirty seconds, paroxysms recurring ten or twelve times a day for three weeks. By the use of quinine this was subdued, and there was no recurrence for six months, then the paroxysms recurred every two or three weeks, and yielded to quinine.

In January, 1864, was exposed in a car, blockaded in the snow, to intense cold, and without food for forty hours. During the succeeding week, a very severe attack of neuralgia commenced, and lasted nine weeks with continually increasing pain. The complete effect of belladonna was secured and maintained for four or five weeks, after which there was entire relief for three months.

In July the neuralgia returned, and continued, with occasional interruption, till March 1865, at which time he gave up business and travelled for a year; was better until July, when he had an attack lasting ten days; had an attack in August and in September, lasting ten days each month. These attacks were relieved by the internal use of "powerful doses" of veratria; was free from pain during November and the half of December, when a violent attack commenced with only a slight relief till the present date, June 10th, 1868. In the summer of 1866 had administered every second day by hypodermic injection atropine, commencing with one-fiftieth of a grain, and increasing to one-fifteenth of a grain at a time. The pain was quieted for six weeks, since which there has been no relief, excepting from large doses of morphine, at this time taking two and one-half to three grains daily.

During the five years of suffering, the patient has resorted to all kinds of medical treatment. The materia medica has been ransacked *secundum artem, a la Hanneman, a la Presnitz*, etc., without permanent advantage.

At one time a dentist plugged several teeth with an amalgam, and published in a dental journal that a cure had been effected by the galvanic current produced by the filling. At this time the patient was under the effect of long continued use of belladonna; when this effect wore off the neuralgia returned. At another time eight teeth were extracted, but with no effect.

The seat of the pain is chiefly in the superior maxilla. Occasionally there has been some pain in the lower maxilla. After a consultation with Dr. H. E. Foote, it was decided to operate for the removal of the superior maxillary nerve and the ganglion of Meckel, after the plan proposed and repeatedly executed by Dr. Carnaghan of New York.

June 11, 11½ A. M. Patient's pulse 120 per minute, (the same as on yesterday.) We proceeded to operate, giving ʒij of whisky in water during the half hour previous to the administration of chloroform. Anæsthesia was produced in ten minutes, and the incision made from one-half an inch below inner canthus of the eye, one inch downward, and then outward one and a half inch, the latter being slightly curved. The flap was dissected up, and the maxillary bone exposed. The nerve was of unusual size, the bulb of the nerve was separated from the integument. Then the maxilla was perforated with a trephine directly under the in-

fra-orbital foramen, and enlarged with forceps to one and three-eighths inch in diameter. The inferior margin of the foramen was chipped away, and the nerve depressed and followed back by removing the inferior wall of the infra-orbital canal to the posterior wall of the antrum, which was so thin as to be easily broken down by the pressure of a small trephine. An irregular shaped perforation seven-eighths of an inch in diameter enabled us to reach the root of the nerve at the foramen rotundum, and divide it. The ganglion of Meckel, and the superior dental nerves were clearly demonstrated and removed. When I seized the ganglion with forceps the patient uttered a sharp cry and made great resistance, (of which he was entirely unconscious after recovering from the anæsthetic state.) The return to consciousness was speedy; no pain was experienced, only a soreness of the face. There was great nausea, for which I ordered a cup of strong coffee.

6¼ P. M. Called and found that the sickness was not relieved; skin warm and dry, pulse 110, face and head "sore," a prickling sensation in face. For the oppressive nausea I ordered :

R.—Hydrarg. sub mus grs. viii.

Sacch. alb. grs. xii.

Sodæ bicarb. gr. vi.

M.—Triturate ft. chart. no. iv.

S.—One every three hours.

June 12. Nausea subsided ; patient very comfortable, has had good sleep. One grain of morphine had been taken during the night.

June 13. Has had good sleep. There is slight pain. Ordered

R.—Quinine ʒi.

Ext. nuc. vomic. alc. grs. v.

Olei piper nigri grs x.

M.—Ft. Rid. no. xx.

S.—One every three hours.

From this date there was a gradual convalescence without any extraordinary developments till July 8th, when the patient returned to his family.

In August there were paroxysms of pain in the inferior maxilla, which became so severe in September that I visited the patient,

and on the twenty-third of that month operated for the removal of the inferior maxillary nerve. The cicatrization of the integument over the superior maxilla was so perfect that I thought it practicable to hide the tracks of the second operation 'by making the external incision below the edge of the lower maxilla, and raise up the integument to the point of attack upon the bone. This plan was adopted, and a trephine one-quarter inch in diameter was used to penetrate the bone at the angle of the jaw, and just posterior to the mental foramen. The bed of the nerve was reached in its whole extent by chiselling the entire length from the anterior to the posterior perforation, the nerve was lifted out and divided external to the mental foramen, including the bulb, and drawn through, then it was drawn down as much as possible and cut off. The anterior portion of the inferior maxillary bone was changed in structure, the cells enlarged and filled with a degenerated medullary substance.

I left the case in the hands of Dr. T. Bevan, and am informed that the wound closed by first intention leaving no deformity whatever, and the patient for a time was entirely free from pain, although exposed to the bleak winds from across the lake. Occasionally, however, there have been paroxysms of pain in the temple, which are now diminishing in strength and frequency, as I learn from the patient who writes that "the operation is a complete success." At present I cannot be positive of the result.

ART. II.—*A Monstrous Birth.*

By W. L. SCHENCK, M. D., Franklin, O.

If the contributor of the article with the above caption to the April number of the *Lancet*, was the only member of the profession who believed a mother, by a mere mental impression, could transform her offspring into a cat, and deprive it of brain or bowels, the subject would hardly be worth an additional article. It has not, however, been long since I heard a professor in a "cheap school" in your city advocating the same doctrine along the railway. The only argument that is or can be used to sustain such views is that of the quack of every school-experience: facts without philosophy or reason, to which all must bow with a blind, dumb, infatuated adhesion. Facts are the ground work of

science, the foundation of philosophy, but from these facts there must be induction. From simple facts Copernicus, Kepler, Newton, made their astonishing discoveries, but the simple facts were what the world had witnessed from "the beginning," yet without right reason they were nothing. Thus too Harvey, Hunter, Hall, Jenner, and hosts of others, in our own science, have established the great principles of physiology, pathology and therapeutics. On the other hand what false systems and theories have sprung from a blind, unreasoning adherence to facts. It is thus every nostrum vender establishes the infallibility of his panacea. True science advances when the imagination presents new views which judgment and reason bring within the limit of the facts upon which they are based. Great principles are generalized, and then confirmed by new facts. False theories rest upon facts and imagination without reason.

Homœopathy, the system of shadows and dreams, where if they can give little enough medicine they cure their patients, rests upon the imagination and experience. According to it Noah's flood would not reduce a grain of quinine to the thirtieth dilution, and a phial of chloroform uncorked on earth would put to sleep all the people in the moon, yet *experience* teaches such doses cure disease, and that too, on the principle *similia similibus curantur*. Ask what you will of experience and imagination and you may have it, and dupes enough to follow you. Some physicians, and many persons ignorant of physiology, and nearly all women, I believe, "cannot resist the conclusion arrived at from observation, that many of the defects, deformities, and marks, so-called, are the direct results of mental impressions, or physical weakness of the mother during the forming period of the fœtus. If *many*, then *all*. For if it is a generic *law*, it must apply universally; nay more all such causes must produce like results, and if mental impressions can transform the human offspring into cats, brainless cats, what creations may not spring from the womb of woman! If whatever she looks upon may transform the fruit of the womb into its likeness, the primordial law of nature, "each after its kind" is abrogated. Prof. Meigs beautifully says: "What a wondrous power is that which maintains each genus and species pure and unalloyed as when it issued from the Creator's hand? So strange, so powerful, that each of them is set, as it were, within a magic ring, out of whose charmed round it can never stray, so that no wild and horrid passion, no brutal

lust, no insane desire can break, much less change or abrogate the law that set forth the primordial models of the species of the globe. For notwithstanding the countless myriads of generations that from the remotest ages have reproduced individuals more numerous than the sands of the shore, or the stars of the firmament, each blade of grass still obedient to its generic law imitates its primitive pattern; and every elephant or worm, every eagle that soars to the sun, or sparrow that chirps in the hedge, every man and every woman go steadily, like the current of a river, down Time's flowing stream, ever ending, ever beginning, always changing, yet immutably the same."

Let us examine the supposed facts upon which this theory of mental impressions is based, and then its deductions. We may be told at the onset that its advocates do not contend a mental impression can change the fœtus to a different genus. Of course not. Homœopathies do not contend that a drop of whisky will intoxicate more than a pint, or a grain of beef give more strength than a steak, but if subdivision increases dynamic power, why not? If a mental impression can mould the form of the growing fœtus, where is the limit. Your contributor says, and is a characteristic case: "The eyes were *round*, and of a *grey* color." Has a cat round grey eyes? "The chin appeared to start from the chest." Does a cat grow thus? "It had no neck." Do cats have none? "The anterior appearance of the face and head resembled that of a cat or an owl." Just so with all these monstrosities and marks. They resemble a cat or an owl or *something else*. Neligan, in his Atlas of Cutaneous Diseases, gives a nevus, which he says, is arranged somewhat like the mane of a horse, supposed to have been caused by the mother when *six months* pregnant holding a frightened horse by the neck. Neligan had a fruitful imagination.

All of us frequently meet with such cases as the following:

June 16th. Called to attend to Mrs. R——. When the babe was born handed it to the attendants, who soon observed a singular tumor upon its back, and immediately enquired of the mother what she had seen. After considerable thought she remembered an old dog, upon whose back a tree had fallen a short time before. They all saw it and were clear on the cause of *spina bifida*.

May 4th. Was called to Mrs. M——. When the child was born a small red spot was noticed on its head, After some dis-

cussion it was decided to resemble a cherry, but the mother could not remember wanting cherries. She thought, however, she longed for plums. Presto, change! At once all saw the marked resemblance to a plum. Mrs. M—— remembered an earnest longing, and all understood the cause of anastomotic aneurisms.

Negatively thousands of cases are of daily occurrence. Scarce a woman goes through a pregnancy without being the subject of some positive impression. For instance Mrs. S—— during the early part of her pregnancy was greatly frightened by having some young rats placed in her hands. From that time the impression with her amounted to a certainty that her child would resemble a young rat. After an inconceivable amount of anxiety she was confined, and it is needless to say, gave birth to a child free from such a resemblance.

The physician, who by advocating this doctrine, encourages such feelings on the part of the mother, often causes more anxiety and suffering than he will ever be able to relieve.

How can these impressions of the mother affect the child? Dr. M—— asks: "Might not the sight and consequent image impressed on the *sensorium commune* of a highly sensitive subject be likely to affect the growing germ? Is there anything more unreasonably in this than in procuring the stripes and streaks of Jacob's cattle?" His illustration answers his question. When he can produce the "stripes and streaks" by putting "rods before the eyes of the cattle in the gutters, that they may conceive among the rods," then we will attempt an induction from his facts

We believe more largely, perhaps, than most physicians in the power of mental impressions to control the body, but they must be made upon the body immediately under their control. Philosophy and experience with us confirm the statement of Prof. Muller. "The influence of ideas upon the body gives rise to a great variety of phenomena which border on the miraculous. It may be stated as a fact that any state of the body which is conceived to be approaching, and which is expected with perfect confidence, will be very prone to ensue, as the mere result of that idea, if it do not lie without the bounds of possibility."

We do not conceive that it is possible for the mind to shape the form and color of the body with which it is connected to a definite idea, much less will it be able to exercise that power

over a body with which it is not united. The relation between the mother and child is only the juxta-position of two bodies, one of which receives its warmth and nourishment from the other. They are separate and distinct existences, and there is no connection between them save that necessary to feed and warm the growing fœtus, and after birth it draws its support as much from the mother as it did before. As soon as it receives the nutriment from the blood or breast, it is subjected wholly to the control of its organism, and goes to nourish and support such parts as its system demands. The only possible influence then which the mother can exert upon the growing child must be impressed upon the unorganized volume of her circulation, but be this ever so great, after it leaves her body she has no possible power to direct it to any particular part of the child. By depraving her blood, as by worrying over the fear that she may give birth to a cat, she may destroy the health, or arrest the development of her child, and she may do the same by feeding it with milk poisoned by mental impressions, but in neither case can she produce deformities or nevi that correspond to ideas in her own mind.

Why then, we are asked, are there so many remarkable coincidences? Never having seen any, we have none to explain. We are like Prof. Muller, who says he has seen nearly all the monstrosities of Prussia, and that in the account of these it was frequently stated that the mind of the mother when pregnant was strongly affected by some object, "*but the monstrosity presents not the slightest resemblance to the object in question.*"

We may be told that science has not yet been able to discover how the material and immaterial in man are united, or to define what the life and spirit are. We grant this, and know that the soul acts through the great nervous mass and is its natural stimulus; and that all physical action is under the direction and control of the nervous system; and hence conclude, *a priori*, that the soul must powerfully exalt or depress vital action. Thus as Faith and Hope possess the soul it becomes a positive power under which nervous influence is freely generated and transmitted, and constructive and destructive metamorphoses are stimulated, absorption increased, morbid materials eliminated, and life renewed, whilst under the depressing influence of anxiety—anxiety which fills our hospitals and insane asylums, and is daily ministered to by pleasure, trade, mammon, and the strife of

thousands in every land as they labor for life, and even by christianity taught as a system of terror, rather than of love and hope, and the doctors torturing poor women with the idea that they may be delivered of brainless cats—anxiety acting as a powerful nervous sedative, preventing the generation and transmission of sufficient nervous force to the organism, and thus diminishing secretion, depressing the circulation, arresting metamorphosis, and allowing disease to invade every organ and tissue. Everywhere its victims, with diseased nerves and hearts, with sunken eyes and haggard looks, with hoary heads and tottering steps, are hastening to the grave. But all this is the result of a mind acting upon a body with which it is immediately connected, and even here it cannot make the body conform in shape or color to a definite idea. Until the physician can show a reason for this horrid theory, based upon *supposed facts*, let him seek to alleviate rather than increase the anxious cares of pregnancy, and thus prevent rather than insure disease and premature death to both mother and child.

Translations.

From Prof. Ludwig Turch.—By THOS. C. HENRY, M. D., Cincinnati, O.

The Vocal Chords.

When one directs the face of the laryngeal mirror somewhat vertically and toward the back of the cavity of the mouth with a backward inclination, at the same time moving it upward near to the opening of the larynx, one will observe reflected in the mirror the arytenoid cartilages in position, locating the mirror near the glottis, and in front, in the median line of the mouth. The reflected image, if the epiglottis is sufficiently depressed, which it always is in the case of the cadaver, is to be carefully observed here, with its relations to the adjoining parts. In the living subject the tongue must be previously depressed and the floor of the larynx also; then placing the face of the mirror slightly more upwards the full view of the parts just forward of the vocal chords, viz: the apices of the capitulæ San-

torini are distinctly to be seen. One must bear in mind that the mirror picture is inverted here, so that the parts which appear to the left are actually to the right, and vice versa. Taking this fact into consideration, one, in other respects, may consider the view here obtained normal. It is very essential the mirror should be placed precisely in the median line, quite horizontal in relation to the capitulae Santorini. Place the mirror now in a vertical direction, direct the patient to phonate, and the observer will see at once that the front angle of the vocal chords are in plain view. One can see besides the under portion of the epiglottis at the same time. In following out all these movements one must proceed with care so as not to cause irritation of the parts. The somewhat inclined position of the neck backwards favors the view, and that is more particularly essential when, as in many persons, the epiglottis stands upwards and backwards. Cases in which ulceration of the epiglottis are found are often unmanageable at this point of procedure. The hard palate is located horizontally and vertically, also the soft palate with the uvula are in the median line with relation to the axis of the larynx. The foregoing statement does not hold true relative to some throats as regards the epiglottis, which latter part has been previously stated, not by any means able always to preserve the median line of the back of the mouth.

A rotation of the head to the left is sometimes necessary. Peculiarities in individual mouths must be studied in order to operate with facility. The full accomplishment of those necessary hints relative to maintaining the median line of the larynx cannot be too strongly insisted upon; in making examinations satisfactorily they must be enforced. One adjusts the axis of the larynx in a right line, then the throat mirror. Viewing the chink of the glottis at the same time, he places the mirror vertically, as much so as practicable, with its intermediate portion facing the sides of the larynx posteriorly. When one now permits the larynx to be depressed whilst the back portion is firmly pressed in position, he sees more and more plainly the front angle of glottis cleft and the posterior walls of the larynx; yet better does one see in some cases when he turns the mirror upwards.

In other cases, on the contrary, when the previously alluded to movement of the throat is maintained, a favorable relation in the position of a part not too much raised in both presentations

of the larynx appears equally propitious for operation. What was stated of the location of the throat mirror, deeply placed underneath, so applies in case of a larynx disposed in an even or straight way and must be done; and mindful must one be in case of operation on a larynx out of line. When, for example, the eye catches the middle portion of the mirror in a right line, allowing a little space for play of the mirror, one should measure (alluding to figures to illustrate, etc.) When certain points (figured) are wider apart, then one should locate the mirror farther towards the posterior part of wall of phalanx, in order to attain a proper reflection, because for that it is manipulated, and to give it much more of an inclination by which, in the examination, the rays of light are given off from the parts under examination and reflected back against the eye and somewhat to the left. A sufficient amount of play is to be allowed for a more horizontal or vertical inclination of the throat mirror. When directing the mirror through the mouth the larynx is wider, because it is found requisite to maintain a more vertical direction of the rays of light over the upper jaw by a more horizontal position of the throat mirror, on account of obstruction at the back of the tongue. In such, where there is a much wider canal for the rays of light to pass, the requisite even grade of the larynx must be maintained only by placing the mirror higher, while the canal is inclined backwards, at the same time the mirror is located deeper and under. (This position is shown in the figure.) This manipulation is readily acquired. One sees thus more readily, yet even this mode of examining is inferior to turning the face of the mirror in front, and partially to the outward. Let it be understood, however, that the last mentioned most vertical location of mirror is impracticable unless the larynx be inclined back. By inflecting the canal of the larynx backwards, one can readily carry the central portion of the mirror under the tonsils or beyond them. When, some time ago, I said that one should be able to view the front angles of the vocal chords, it is understood that the mirror was to be placed in a vertical location, for an inspection of the under sides, and then, one should, by a forcible movement of the epiglottis, direct it somewhat bent, the larynx retaining its position. So much for the discussion of the best modes of conducting the manipulations with the throat mirror.

With some assistance my tongue holder is quite useful in many cases, disposing the line of the larynx more evenly, and aiding greatly the ready view of the parts by the mirror. It is very essential in most mouths to keep the tongue depressed, though there are some who are able to control the arching of the tongue, and those who cannot do so at first, soon acquire the power by practice.—*Note by the translator.*

Finally one meets with cases in which one obtains a good view of the front angles of the vocal chords, when the mirror is placed high up, one then pushes it backwards as quick as possible. When there is not an elongated uvula interfering, I have in some cases besides the soft palate located the throat mirror considerably upwards against it, while the uvula was hanging behind. When one wishes to go very deeply with a mirror, the long mirrors are selected, or the somewhat smaller and rounder in preference. If one locates them very high he must choose smaller and rounder: there the greater part is seen by a deeper placing backward, the face of the palate will be found in opposition. Besides one raises the end very well with a small long mirror, with its long axis placed athwart, to the left side are turned by preference to a vertical direction.

The true vocal chords are affected with white appearance, and shining like tendons at their hinder sides. Their inner sides close in the glottis between its walls, while the outside, with somewhat of a sharper edge, of the mouths of the ventricles of Norgagni are joined. They spring out from the median line either in quiet respiration, or when one utters a short or long sound, or the enunciation of a, or coughs, or pants. By a continuation of a loud utterance they approach very evidently, and quiver through their entire length, as Garcia has stated who makes the correct observation that especially the commencing sounds or suppressed tone is favorable to observation.

In the continuation of the vocal chords is exhibited most clearly the small yellow sides glistening through the fascicles of the terminal cartilages of the moveable, firmly located spot, relative to which Gerhard has called attention after a laryngoscopic examination. By means of the study of the posterior part of the chink of the glottis, the cartilage of the glottis, (glottis cartilaginea) has the treatment of the tissue of the posterior portion or walls of the larynx been made known.

To be Continued.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT,

J. C. MCKENZIE, M. D., SECRETARY

Dr. J. L. Cleveland reported the following cases :

CASE I.—A case of fracture of the humerus through the surgical neck, and dislocation of the head into the axilla, followed by gangrene of the hand and death of the patient.

Mrs. T——, aged 65. A woman well nourished, and of fine physical development. Has always had good health up to the time of the accident, which occurred April 30, 1869, she having fallen headlong down stairs, producing the injuries of which we are about to speak, together with some minor bruises. The particular manner in which she struck in falling could not be ascertained, but it is inferred from the nature of the injury the shoulder must have struck violently on the edge of the steps. When called, about two hours after the accident, Drs. Anderson and Vinnedge, of the Cincinnati Hospital, had seen the patient, and had examined her under chloroform, stating that they had found fracture of the left humerus high up, and they believed also a dislocation. Not considering it prudent to chloroform her again so soon; examined her as I found her, thought I discovered slight crepitation, though I was not certain; was not clear as regards dislocation. Her arm was large and fleshy.

Next morning she was anæsthetised, and not being able to discover crepitus, it was concluded that it was simply a dislocation, and we acted accordingly, but the moment the heel was placed in the axilla and force applied to the arm, very distinct crepitus was obtained. Efforts were then made to reduce by the ordinary method of pressure and counter pressure and extension, but without success. The arm was then placed in an easy position on pillows, and it was determined to wait for the subsidence of inflammation, which was being set up.

The radial pulse of the affected side was scarcely perceptible; the temperature of the hand was reduced, and she complained of a sensation of numbness in that hand.

May 2—4 inclusive. Feeble pulsation, diminished temperature, and numbness in the hand extending up into the forearm of the affected side. As an anodyne morph. bimec was used in gtt xl doses every four or five hours, which served very well till the evening of the 4th, when the pain became so intense that a hypodermic injection of morph. gr. $\frac{1}{2}$ was resorted to, it having the desired effect.

May 5th. The unfavorable symptoms of coldness and numbness of the hand continuing, and the ends of the fingers were beginning to show a dusky hue. Taking these things into consideration, it was thought advisable to make a more careful examination, notwithstanding there was yet considerable swelling. She was put under chloroform. Dr. Bonner assisting, we found that in addition to the fracture which appeared to be high up through the surgical neck, there was dislocation of the head of the humerus forward and downward into axilla, with the exception of depression of the acromion. There was no other deformity no perceptible difference in the length of the respective arms.

We first attempted to reduce by exerting firm pressure and counter-pressure upon the head of the bone, while the limb was being drawn down upon firmly. Failing in this, at the suggestion of Dr. Bonner, the arm was elevated to something above 90° , firm pressure and counter-pressure was made upon the head of the humerus, the seat of fracture was firmly grasped, and the arm was brought suddenly downward and inward to the side of the thorax, and very much to our gratification, we felt the bone as we supposed, go back into the socket. During the rest of the day and night she rested much more comfortably. The same anodyne of morph. bimec was used.

After the reduction was effected, the arm was fixed in position by a modification of Fox's dressing for fracture of clavicle.

May 6—7. There was a return of sensation to the hand, and temperature was almost normal, no perceptible change in the pulse.

May 8th. In attempting to move she twisted her arm. After this pain was aggravated and of the same character as before reduction was attempted. Upon examination the head of the bone was found to be in the same position in the axilla as before. All dressings were now taken off, and the arm placed in an easy position on pillows

May 10th. Much worse, pulse 120, tongue dry and red, pa-

tient covered with a cold perspiration. No radial pulse. Gangrene beginning in the ends of the fingers. Ordered quin. gr. ij. every three hours, and whisky and beef essence freely.

May 11th. She had rallied. pulse 80, tongue somewhat moist.

May 12th—14th. Continued much the same, pulse varying from 80 to 90, appetite capricious, evidently failing from day to day. Gangrene had extended to about the middle of the metacarpus, where it shows a tendency to stop. During this time the arm had been kept enveloped in cotton batting, and rubbed with a stimulating linament. Feter had now begun to be present, whereupon a charcoal poultice was applied. This improved the appearance of the hand, œdema disappeared, and hand appeared more natural.

May 15th. Little vesicles appeared on the dorsum of hand, and circulation seemed to be returning as far as the second joint of the phalanges.

May 15—20 inclusive. Condition seemed very encouraging, Cheerful, tongue clean, appetite good, and it was supposed that she would only lose the ends of her fingers. During this time morph. gr. $\frac{1}{3}$ was given every night hypodermically.

May 21. There was a change for the worse.

May 22—31. She lost her appetite, and assumed an unhealthy appearance.

From this time she gradually got worse from day to day. The line of demarcation became well established about half way up the metacarpus. Hand was puffed and crepitant to the feel and mortification of the member progressed rapidly. Pain was much more acute, and the opiate had to be increased daily to get the effect desired. Tr. opii was substituted for morph. bimec, and the dose was increased till she took ʒiij at a dose. The hypodermic injection at night was increased till she took morph. gr. j at an injection. A vesicular eruption appeared around mouth and nose; frequently had subsultus and general muscular twitching; tongue fiery red and cracked; pulse good force, and never above 100, till the day of her death when it was 124; bowels had been moved with castor oil as occasion seemed to demand. Whisky, wine, egg nog, beef essence, etc., and quinine was steadily persevered in to the last.

On the 27th she became delirious, and continued so till she died,

having occasional gleams of consciousness. Died May 31st, P. M., just one month after the accident.

June 1st, P. M. Examination. On cutting down upon the seat of injury, the fracture was found to be through the surgical neck, just about the joint which had been diagnosed. Glenoid cavity was empty and intact. The head, or what remained of the head, was found in the axilla, slightly forward. Axillary vessels were not ruptured, but were infringed upon by the head of the bone. In cutting through capsular ligament found a 3i or more of a creamy granular fluid. In cutting around the bone, the knife came in contact with numerous bony fragments. Many of these were left sticking to the muscles after the bone was removed. After taking out the bone, above the seat of fracture appeared to be one amorphous mass, the bony tissue could be felt giving away between the fingers under pressure. The head of the bone could not be discovered, and was supposed to be entirely decomposed as some fragments of the articular surface were found. The bone had been macerated in steam, care being taken not to let it go above 212°.

As the specimen shows, the spongy portion of the bone between the surgical neck and the head of the bone was destroyed with the exception of a fragment. This fragment appears to be the upper portion of the bicipital groove, with the lesser tuberosity internally, and part of the greater tuberosity externally. The head of the bone is broken off irregularly around its circumference. Cancellous tissue is soft and spongy, and at one point there appears to be a portion of the articulating surface driven into the cancellous tissue. No evidence of repair having begun is manifest.

I have searched through all the journals and surgical works which I have had access to, but have found no case analogous to this. In *Braithwaite*, Part 53, page 126, Mr. Hutchinson, in writing on fractures of the humerus, in speaking of dislocation and fracture says: "They are possible, but *a priori*, very improbable; had cases in which he suspected, but never had an opportunity of proving it."

Hamilton on dislocation and fractures page 220: "In a case of fracture of the cervix humeri, (intracapsular,) examined by Sir Astley Cooper, there was also a complete forward luxation of the head. Ligamentous union had taken place between the frag-

ments. Many similar cases have been reported by other surgeons."

Ap[ro]pos to gangrene of the hand in this case, Gross, page 81, vol. 9, says: "Berard reports a case of subcoracoid luxation, where there was rupture of internal coats of the axillary artery, absence of radial pulsation, followed by gangrene of fingers and death."

But what was the cause of gangrene in this case? The impingement of the head upon the axillary vessels, combined with the general debility of the patient, seems to be a cause sufficient to have produced it. Dr. Unzicker tells me that morphine will produce gangrene if given in cases of fracture, and relates cases that came under his observation in 1845, where it seemed to manifestly follow the use of morphine as an effect, and in some cases upon the withdrawal of the morphine, the gangrenous tendency disappeared. Says the cases which he relates were observed by Prof. Shotwell, and that he inclined to the same opinion. If Dr. Unzicker's inference is correct about the gangrene in this case, we have in it also an explanation of the condition in which we find the bone. Might not the same causes that produced gangrene in the hand, produce also decomposition of the bone substance? A gangrenous tendency was undoubtedly induced by a weak circulation, whatever the primary cause might have been, and that portion of the bone lying above the seat of fracture, was, perhaps supplied with as weak a circulation as the hand, and would, in like manner, invite decomposition there. It is quite evident that the fragments of bone about the seat of fracture, as the morbid specimens present, are diseased. But it is hardly possible that all this destruction of bony tissue should take place in four weeks. This taken in connection with the shattered condition of the bone, would lead us to believe that there was a diseased condition of the bone previous to the accident, and that debility and impaired circulation hastened the diseased action. Dr. U—— advises always the use of opium instead of morphine in surgical cases where it is necessary to use an anodyne.

CASE II.—Incised wound of the abdomen. Patient recovers.

May 30. L. G——, a robust German about thirty-five years of age, while on a picnic excursion received a wound in the abdomen, through which the viscera protruded for three hours before the case was attended to. The wound was about two and one-quarter inches in length, penetrated the parietes of the abdomen,

beginning at a point a little to the left of a point about half way between the xiphoid cartilage and the umbilicus, it extended downward and to the left to a point about on a level with the umbilicus, and through this protruded the stomach, a part of the transverse colon and the omentum. The viscera being clean and moist were returned after examination. The edges of the wound were brought together by means of the ununited silk suture; the needle was passed through the skin and muscle, care being taken not to wound the peritoneum. The patient was then placed upon his back in bed, with orders to remain perfectly quiet, and pulv. opii gr. iij. every four hours was ordered. Also ordered to take only small quantities of nutritious, liquid fluid.

May 31. Pulse 70, rested well during the night, no thirst, no pain. Is in a condition of partial stupor from the use of the opium. Cold water dressings continued.

June 1. Treatment continued, pulse 80, tongue slightly coated, no tenderness, wound looks healthy.

June 2. Treatment continued, pulse 80, no tenderness, complaints of flatus, and a dry, tickling sensation in fauces. This is attributed to pulv. ipecac which he has been taking in small doses. Ipecac stopped and charcoal ordered to relieve the flatus. Considerable suppuration around the stitches.

June 3. Same favorable symptoms continue. Stitches were removed, one was so deeply embedded that it could not be removed without using violence to the parts. At one point the wound gaped slightly, narrow strips of adhesive plaster were now applied and the wound was dressed with glycerine \mathfrak{z} i, carbolic acid \mathfrak{z} ss.

June 4. Same favorable symptoms continue. Is annoyed by slight bronchial irritation. This is soothed by co. syr. morph. and mur. ammonia.

June 5. Opium was now given only twice a day; wound suppurating freely; remaining stitch was taken out.

June 6. Flax seed poultice applied and bowels opened with castor oil.

June 6—17. No unfavorable symptoms whatever present. On the 14th opium was suspended.

June 18. Suppuration having almost entirely ceased and the edges of the wound being perfectly adherent, a roller bandage was applied firmly around him, and was permitted to get up.

June 22. At date of writing the cicatrix is supported by ad-

hesive plaster, and the patient, wearing a broad belt, is up and walking around.

As illustrative of severe abdominal wounds, followed by recovery, I notice the following in the *American Journal of Medicine*, Vol. 36, page 253.

An old man, aged 70, fell through a dilapidated roof, and in falling caught his abdomen near crest of ilium on left side on a hook, and tore the abdominal parietes up to left hypochondrium, leaving a ragged wound, through which protruded nearly the whole of the intestines. When found these were covered with straw and soot. They were washed off with soap and water, returned, and the rent sewed up with a continued suture by a *sow-gelder*. Man recovered, but had a ventral hernia.

Dr. Mathis, of Taylorsville, Ky., reports the following in the *American Journal of Medicine*, vol. 52, page 567:

A colored man was cut · wound on left side, and one and one-half inches from umbilicus, wound one and three quarter inches in extent, through which protruded four and one-half feet of the ilium. It was cut in two places through which its contents escaped. The bowel was cleaned from dirt, and the cuts sewed up with the uninterrupted suture.

On the 3d, 4th, and fifth days after the accident had stercoraceous vomiting.

On the 5th day, oil having been freely given, there was a miniature explosion in the abdominal cavity. This terminated the vomiting, and from that time patient rapidly recovered, and on the 10th day after the accident, contrary to directions, patient was up and at work.

UNION DISTRICT MEDICAL ASSOCIATION.

JOHN MOFFAT, M. D., President.

E. L. HILL, M. D., Secretary.

The Union District Medical Association comprising the counties of Butler, Preble, Ohio, and Union, Franklin, Fayette and Rush, Ind., held its regular semi-annual meeting at the ladies' parlor of the Opera House, Hamilton, Ohio, May 6, 1869. The Association is composed of members of the various county societies of the

District, and in those counties where there are no local societies, of such physicians as are proposed, vouched for, and voted on separately. The present officers are J. Moffatt, M. D., Rushville, Ind., Pres.; H. Saunders, Vice-Pres, R. C. Huston, M.D., Treas. E. L. Hill, Secretary, the last three all of Oxford, Ohio. There are no Censors, and no Standing Committees. The Association has nothing to do with ethics, fee bills, or anything save the "advancement of medical science, mutual improvement therein, and the maintenance of union and harmony among medical men." Organized at Oxford, Ohio, October, 22nd, 1867, it is already a success. More than thirty members were present, besides a dozen or more visiting brethren.

On motion of Dr. Falconer, Prof. E. B. Stevens, of Miami Medical College, Cincinnati, Ohio, Editor of the *Cincinnati Lancet and Observer*, who was present, was made an honorary member of the Association.

Dr. James M. Saunders, of Oxford, read a paper on light as a decomposing agent of chloroform, giving the tests used by the best manipulators, and his own experiments, some of which are to be demonstrated at the next meeting.

Dr. Wm. A. Pugh, of Rushville, Ind., read an elaborate and valuable paper—a resume of general Obstetric science, and of the best modes of managing some of the most important complications and accidents of child-bed.

Dr. F. B. Morris, of Venice, Ohio, read a paper on Diseases of the Gall Bladder, and Contiguous Viscera, founded on a case occurring in his own practice, and exhibiting pathological specimens.

Discussion upon the several papers was prompt, earnest, and practical, just such as render medical meetings interesting and valuable. At one o'clock P. M. the Association adjourned until three P. M. for dinner on invitation of the profession of Hamilton to partake of their bounties and hospitalities. At least forty physicians sat down to an elegant and sumptuous repast at the St. Julian hotel, which in their characteristic manner, they discussed promptly and energetically.

At the P. M. session Drs. C. Falconer, of Hamilton, and R. C. Huston, of Oxford, were appointed delegates to the next meeting of the Indiana State Medical Society, and John Arnold, of Rushville, and G. W. Garver of Connersville, were appointed delegates to the next meeting of the Ohio State Medical Society.

Dr. D. D. Hall, of Connersville, verbally reported the case of the colored barber recently wounded by the explosion of a gun barrel, exhibiting a piece of the barrel three-quarters of an inch wide, and four and three-quarter inches long, which entered the cranium just above the outer angle of the left orbit, and was extracted about one and one-half inches above the external angle of the right orbit, fracturing the os frontis from one orbital opening to the other, destroying the functions of the left eye, and causing the loss of one and one-half ounces of brain, with no *un-toward symptoms* following the injury, and the patient almost fully recovered. The case will be fully reported at no distant day for publication.

A very general and instructive discussion was entered upon, very practical in character, and partaking somewhat of the nature of an experience meeting, upon the use of opium in pneumonia, either alone or combined with other agents. The time and place of next meeting was fixed at Rushville, and the last Thursday of October.

Essayists for the next meeting; G. W. Garver, of Connersville, on Amputation at the Large Joints and their comparative Fatality; with Amputations in the Continuity of the Bones. Marshall Sexton, Rushville, Ind., on Trismus Nascentium and Tetanus. John Arnold, of Rushville, on the Change of the Type of Diseases. Adjourned.

The following note from Dr. Pugh gives an abstract of his papers:—E. D. H.,

RUSHVILLE, IND., May 28th, 1869.

DR. E. L. HILL. Your note of yesterday is just to hand. I thank you for the very polite and flattering request contained therein. The following are the topics in order, discussed by the paper, viz:

Report of case of *Female* child weighing fifteen and three-quarters pounds, and of the following dimensions:

Lateral diameter of head, $5\frac{1}{4}$ inches; circumference of head 15 inches; antero-posterior 6 inches; whole length of child 23 inches; depth through shoulder 8 inches; around shoulders 19 inches; chest measurement at nipples 15 inches; measurement at thighs 9 inches; measurement of arm below elbow $5\frac{3}{4}$ inches; presentation left os frontis, child born in this position, denoting a very extraordinary pelvic capacity. Labor not exceeding six hours.

2. Hemorrhages. 1. Post partem. 2. At the catamenial crisis. 3. From abortions forced and natural. The extent of criminal abortions pandered to by an unhealthy and vitiated public sentiment, criminality, and immorality of the procedure, etc. (You will remember the remarks condemnatory of such, Female Lectures upon Hygiene, as we have been occasionally blessed with.)

3. Six cases of podalic version; five recoveries, one death. Reporter not experimentally acquainted with cephalic version.

4. Reported case of typhoid fever occurring in lying-in women, death at the twenty-fourth day of illness. Differential diagnosis between typhoid fever, puerperal fever and puerperal mania, showing the difference between the delirium occurring in the respective maladies with extended remarks and statistics on puerperal mania.

5. Puerperal eclampsia; two typical cases presented by Dr. Green. The doctrines of the paper are in favor of chloroform and opium, and against the old, time honored remedy of venesection; the doctrines of the day reviewed.

6. Five cases of placenta prævia. One by Dr. Thomas, and four by reporter—three recoveries and two deaths. The tampon not a reliable remedy in this malady, except in cases of partial presentation; acetate of lead a fatal remedy or cure; opium to be given as an agent to favor dilatation of the os, but not on the ground of its power to arrest hemorrhage. Manual or mechanical interference the only means to be certainly relied upon. 1. By mechanically dilating the os with the colpeurynter, or what is still better, by Barne's Dilators, then the hand to be introduced and delivery effected in the shortest possible time.

This embraces the main points in the paper, and I hope may be sufficient to answer your purpose. If my paper shall have excited a lively interest in our society, I shall be amply repaid for the labor.

MONTGOMERY COUNTY MEDICAL SOCIETY, DAYTON, OHIO.

R. GUNDRY, M. D., President.

H. K. STEELE, M. D., Secretary.

On Chorea.

I have thought it might prove interesting to the members of the Society, in the absence of other more interesting matter, to discuss very briefly some of the topics connected with this terrible and perplexing disease. I do not, of course, intend anything beyond the merest outline of statement, and in fact instead of a formal essay, I shall only give you the notes prepared for a paper upon the subject.

Let me for a moment advert to the singular history of the nomenclature of this disease. Chorea, St. Vitus's Dance, St. Gay's Dance, etc., were first applied to these epidemic convulsive diseases of the middle century in Germany. The convulsionists of J. Medard are similar to what has been witnessed in modern times in the jerks of Kentucky, and the convulsionaires of Morzines in Haute Savoie. Strictly speaking, these are examples of choreomania or ecstasy. The term (*chorea Sancti Viti*) is now restricted to the ordinary disease of what Roth calls "irresistible musculation"—a disease characterized by irregular clonic spasms of the voluntary muscles, and by a greater or less loss of control over the voluntary muscular movements.

The first scientific description is given by Sydenham and I transcribe from Dr John Shaw's translation of his works, 1749, p. 509, his graphic description.

"This disorder is a kind of convulsion which chiefly attacks children of both sexes from ten to fourteen years of age. It first shews itself by a certain lameness, or rather unsteadiness of one leg, which the patient draws after him like an idiot, and afterwards affects the hand of the same side, which being brought to the breast, or any other part, cannot be held in the same posture a moment, but is distorted or snatched by a kind of convulsion into a different posture or place, notwithstanding all his efforts to the contrary. If a glass of liquor be put into his hand to drink, he uses a thousand odd gestures before he can get it to his mouth, for not being able to carry it in a straight line thereto, because his hand is drawn different ways by the convulsion. As

soon as it has happily reached his lips, he throws it suddenly into his mouth and drinks it very hastily, as if he only meant to divert the spectators.*

Our knowledge of this disease has not impaired the graphic beauty of this sketch, nor its general accuracy, though further observation has added some lines to the picture, and corrected other points as we shall see as we proceed.

Sex. It appears to affect girls twice as often as boys of same age. Of 442 cases treated at Christian Hospital, according to Dr. Hillier, 122 were males and 300 were females, all of them under 12 years of age. Of 174 other cases, 54 were boys and 120 girls. Hughes in Guy's Hospital Reports gives 100 cases, of which 20 were between 12 and 15 years, 9 males and twenty females, while at 15 years there were 5 females and 1 male.

Age. Undoubtedly a majority of cases occur at an age below puberty. From 6 to 10 years, more than one-half the cases occur according to Hillier. But the exceptions to this rule are sufficiently numerous. Probably every physician can recall some instance within his own knowledge. Quite a number of instances are given by Trousseau, who says, "It is only exceptional that it affects children before they have changed their first teeth, and it is much more common to see it in individuals who have attained the age of puberty up to 25 years. M. G. Lee saw it in a woman 36 years old, in another 44 years, and in a man aged 59. Jeffries saw it in a patient 60 years, Powell and Mator in another 70. Bouteille saw a man with it at 72 years. Dr. Hurd Rodgers has recorded a case of chorea in a lady 83 years of age. Without entering into the details of this age, I quote the remarks of Dr. Henri Rodgers that his patient was really suffering from St. Vigus' Dance:

"The complete integrity of the nervous system before the setting in of the convulsive affection, the absence of all antecedent or subsequent cerebro-spinal disease, the unequivocal form of the symptoms, (which were choreic, not choreiform), the duration of the neurosis, which was almost the usual one in such cases, and its favorable termination amply justify its diagnosis."

In Graves' Clinical Lectures a case of violent chorea is reported in a Dublin chemist 70 years of age. I have had under my personal care, *three* cases of mature life from 25 to 50 years of age, all females, and another of partial chorea at 40 years of age.

*Sydenham's Works, translated by John Shaw, M. D., p. 504.

Is *Chorea Hereditary*? Dr. Hillier says it is not often hereditary. Trousseau, *per contra*, says hereditary predisposition is unquestionable, and adds: "Even if judicious statistics had not proved it, it might have been asked why St. Vitus's Dance should not be subjected to the same law as all nervous diseases, in which hereditary predisposition holds such an important place. It is not necessary in establishing the hereditary transmission in chorea to prove that the ancestors had chorea, though that identical form of transmission is, I think, frequent. Lee found 18 cases in which either father or mother had had chorea, but the law of transformation of neurotic diseases in transmission should be considered, and I apprehend it will be found in a majority of cases of chorea, that it had been inherited by transformation of epilepsy or insanity, or paralysis, or other neurosis. I have frequently found the occurrence of chorea among the children of insane parents.

Two sisters became affected with chorea at about the same age, (40,) and within a year or two afterwards. Hallucination supervened. One died of maniacal delirium. Lucus in his great work gives several well marked instances of identical transmission of chorea through several generations, and quotes abundance of authority upon the point.

In one family a woman became insane at change of life and recovered. Her daughter at arriving at that age became similarly affected and also recovered. A son, who was attacked with mania long before his mother was attacked, is still insane. A younger brother had unilateral chorea, and a curious tendency to ejaculate uncouth sounds, and occasional obscene words, without (so far as can be learned) being able to repress them.

Relation of Chorea to other diseases is very curious, especially to rheumatism or endocarditis, as the result of that disease. The frequency with which a cardiac systolic bruit is heard in chorea, has given rise to discussion as to the connexion of heart, and colors the assertion that the order is rheumatic, cardiac and chorea.

Vegetations fringing the inner surface of mitral valve are frequently found in cases examined after death of chorea, even when the bruit had not been heard. The fact that rheumatism occurs so often and is rarely followed by chorea, and that it occurs so much more frequently in males, while chorea prefers females, militates against the view of the causative influence of

rheumatism, yet the connexion is interesting. Dr Addison attributed rheumatism as primarily a disease of the nervous system, and probably rheumatism, chorea, and some other affections have an element common to them, marking their affinity but not their interdependence.

The relations of chorea to paralysis are also interesting, interchanging sometimes, the one state preceding the other, or *vice versa*, more often paralysis supervening of the muscles most affected by chorea.

On the whole, the relations of chorea to brain trouble are the most interesting and important. The frequent one sided form of the disorder, pain in the head on the opposite side to the agitated limbs, the enfeebling of the mental faculties, the hemiplegic form of the disorder, have been pointed out by Watson, Jones as indicating the disorder of the encephalon. Dr. Wilks says: "I should very much doubt whether chorea is due to any special disease of the spinal chord, or other part of nervous system, but rather like epilepsy, due to a disturbance of the whole of the centres. That the brain is affected is shown by the occasional maniacal excitement, and the more frequent tendency to imbecility. Just as in epilepsy you may imagine a sudden disruption or discharge of nervous force, exciting the ganglia below, and temporarily suspending the action of the cerebral hemisphere in which the explosion took place, so in chorea the imitation is more continuous, and the movements consequently constant. Hence when extra work is put on the cineritious matter of the hemispheres, as when volition comes into play, the movements are increased. The common cause of fright would seem to show that the first shock was mental or imposed on the cerebrum. It is a condition in which the nervous centres have become irritable, but their power and the will is incapable of directing their action. A strong, voluntary effort is capable for a moment of restraining the movements but time is necessary for the power to be regained.

Dr. Reynolds holds to the Cerebral origin of chorea, adducing among other evidence in support the well known fact of the suspension of choreic movement during sleep.

Romberg treats chorea as a spinal affection. Botrel says chorea is a rheumatic affection, and founds its physiological cause on rheumatism of nervous centres. Hillier, Barthez, Rilliet and West incline towards this view. I may remark here that a sim-

ilar idea is entertained by some, of the connection between rheumatism and epilepsy.

Dr. Babington advised when chorea had arisen by metastasis of Rheumatism, it should be treated in the same way as pericarditis is treated, indicating his belief of the interdependence of these diseases, and leaving to the idea that *chorea* was rather a group of symptoms of other diseases than an entity.

Its Relations to Mental Disturbance.—A large proportion of choreic cases shows more or less impairment of the mental faculties. The memory is especially prone to be weakened, and there is difficulty in directing and concentrating the attention upon any subject. In a majority of these cases, the appearance of this intellectual impairment is much greater than the reality. Some who look like idiots are really but slightly afflicted—some not at all. This impairment of intellectuality usually disappears with cessation of other symptoms, but it is sometimes permanent. Besides this impairment *chorea* is often a factor in the production of intellectual perversion or aberration.

I find this subject discussed most thoroughly in a work upon mental diseases by Marce. Among 57 persons affected with chorea, he found 21 who had not the least perturbation in their moral and intellectual condition. Nor did this immunity depend upon sex or age of the subjects, the intensity or mildness of choreic movements, the acuteness or chronicity of the disorder. Of the 21 exempts, 9 males 12 females, they ranged through all the intermediate ages from 8 to 45 years. The disease had continued in some only a month or six weeks, in others 10, 20, or even 30 years, and were probably incurable, but the mental faculties were intact. 36, or about $\frac{2}{3}$ of the cases observed manifested various intellectual and moral disorders.

Dr. J. C. Reeve presented a specimen of gun-shot wound of tibia, and made the following report of the case :

"The man was wounded in 1862 and had undergone seven operations for removal of dead bone or ball if any should be found. The limb was always sore and caused the patient so great suffering that in June last Dr. R—— removed it just below the knee. The tibia was found to have been perforated, and a Minie ball was lodged in the posterior aspect of the bone projecting from its surface. It had passed very obliquely upwards, the party firing having been at the bottom of a steep hill from the patient,

and this position of the parties can alone explain the entrance of the ball into the bone without fracture.*

Samples of medicinal fluid extracts from Parke, Jennings & Co., Detroit, were placed upon the Secretary's table by the manufacturers for distribution to, and inspection by the members.

SUMMARY OF THE TRANSACTIONS OF THE TOLEDO MEDICAL ASSOCIATION, May 14. 1869.

C. A. KIRKLEY, M. D., Secretary.

Dr. W. W. Jones reported the following cases as occurring in his practice:

CASE. I.—A. K——, German, railroad laborer, aged forty, good condition and habits. In coupling freight cars, March 7th, caught his left hip between the buffers as they came together. An hour after the injury, Dr. Jones found him with a semi-soft pulsating tumor completely filling Scarpa's space, ecchymosis and abrasion of the skin immediately below the crural arch. There was no penetrating wound, and no pulsation in the arteries of the leg. The external iliac could be distinctly felt uninjured. On elevating the leg and relaxing the muscles slight pulsation was felt in the popliteal and tibial.

Dr. Jones diagnosed it a rupture of the femoral artery above the origin of the profunda, and anticipated that there would be a necessity for tying the external iliac, as it could not be expected that a false aneurism of so large a vessel as the femoral artery would get well, especially when the skin had been so bruised as to endanger sloughing from the pressure. The patient was directed to keep the horizontal position with the leg elevated. On the second day Dr. Jones was discharged from the case, and a German physician called, who applied a large bladder of ice along the inside of the thigh over the seat of the injury for nine days continuously, when symptoms of gangrene coming on, he was discharged, and the case fell into the hands of Drs. Berger and Bond, who insisted on turning the case back to Dr. Jones.

May 6. Assisted by Drs. Thorne and Woods, the urethra was cut into through the perineum, and traced forward into a sac or series of sacs containing some 23 small sized culculi, each having a distinct nucleus. On passing the sound into the bladder more were felt, and the operation was continued with a probe pointed bistoury, and an opening made into the bladder sufficiently large to introduce a pair of pocket-case polypus forceps, with which 5 large calculi were extracted, the largest weighing $5\frac{1}{2}$ dr. and the whole $1\frac{1}{2}$ oz. Patient is doing well.

Dr. Jones remarked that the Maumee Valley had been remarkably exempt from calculous disease, and it is only within a very few years that any have been observed. Only one other operation for lithotomy having been performed upon any one, in whom the calculus has been developed here.

CASE III.—J. M. B——, aged 49, florid, fleshy, and somewhat corpulent, had just returned from the country where he had been to recruit. Had been complaining during the past year of exhaustion, want of sleep, want of breath, and said that he had always passed his urine in normal quantity.

Examined April 19, 1869. Heart's action weak, otherwise normal, pulse 90, feet slightly cedematous. Complained of exhaustion, inability to sleep, and shortness of breath on exertion. Intellect clear, and digestion not much impaired. Sp. gr. of urine 1028 on boiling became of the look and consistency of soft soap, a condition Dr. J. has remarked as peculiar to the most rapidly fatal form of Bright's disease. There were but very few tube casts or epithelial scales, but plenty of fat globules, and 15 or 20 oz. were passed in a day. These symptoms gradually became aggravated, the feet and legs were cedematous and very painful, so much so that during the last week he could get no relief except from the inhalation of chloroform. He died on the first of May from coma.

Post-Mortem.—Heart normal in size, walls appeared less firm than natural. Kidneys weighed 14 oz, were highly congested, of a yellowish-red color, patches of indentation upon the surface, fatty cells predominate, and seemed to have taken the place of the normal tissue. Tissue of the kidney less firm than natural, and infiltrated with a dark red granular fluid, which exuded on section, Other organs normal.

Dr. S. S. Thorn reported the following case of fracture of the acromion process:

Mrs. G——, aged 42, of spare habits, was thrown from a buggy May 9th, 1869, upon the Nicholson pavement, striking the right shoulder. Patient was seen about ten minutes after the accident, and upon examination by inspection as compared with the left, its roundness was lost. There seemed to be a sinking of the head of the humerus toward the axilla. A depression could be felt caused by the dropping down of the arm, which, however, was readily overcome by lifting the arm by the elbow in the line of the long axis of the humerus, and rotating at the same time. Crepitation was felt immediately over the acromion process.

Diagnosis.—Fracture of acromion process of scapula.

Treatment.—A temporary dressing was adjusted, which in two days was removed for a modification of Fox's apparatus, modified by leaving out the bandage, drawing the elbow back, the pad in the axilla. As soon as the tumefaction had passed away, the shoulder was dressed in plaster of paris. A thick paste being made, strips of old cotton were saturated with the paste, and applied neatly over the shoulder and around the arm, in all about twenty thicknesses. The elbow was carried away from the side, and the arm and fore-arm supported by a sling. This dressing when dry made a neat, well fitting shoulder cap, which on the first visit after, was drawn up by bandages, and from that time has been kept steadily in its position, by an occasional drawing up of the bandages, with every appearance of a good recovery.

Dr. Mills of New York, reported a case of amputation of the humerus, interesting from the arrest of hemorrhage by accupressure—5th method. The circular operation was performed, and instead of the ligature, the accupressure needle was employed, The stump healed speedily without the formation of a single drop of pus.

Also a case of imputation of the femur, in which the same course was pursued, with equally good results. Dr. Mills was very much in favor of accupressure, and predicted that it would be more generally adopted as its merits became known, and appreciated.

He found on the 13th day the tumor in Scarpa's place solid and no pulsation, the foot and ankle gangrenous, with no well marked line of demarcation, and patient suffering greatly from pain in the foot and leg. The pulse was weak and 110 beats per minute, anxious look and no appetite. The leg was slightly elevated, covered with cotton and flannel, and kept wet with a solution of carbolic acid and quinia, stimulants and nourishing diet given.

On the 2nd of April, (26th day,) the suffering and pyemia had become so great that the leg was separated at the knee joint, enough skin appearing sound to cover the condyles. No bleeding occurred, and no vessels were tied, the popliteal artery being plugged with coagulum. The skin covering the condyles sloughed, exposing them, and on the 20th the tissues were separated from the bone for about four inches above the condyle, the bone sawed off, and a strong solution of carbolic acid in glycerine applied to the wound, which included an abscess. The stump has done well and has now completely cicatrized, and the tumor in Scarpa's space has become nearly absorbed. There is no pulsation below the crural arch, though the iliac is sound. Dr. Jones remarked that he looked upon this case as interesting from the spontaneous cure of false aneurism of so large a vessel, and was inclined to attribute it in some degree to the use of the ice, though we would suppose upon general principles, that where there is no circulation in the vessel below, coagulation would eventually extend into the sac, as has been found by tying a vessel below a true aneurism. Dr. Jones suggested that the application of ice to aneurismal sac in addition to pressure above or below might be found very efficient in promoting coagulation, and would be worthy of trial. In this case although the ice may have forwarded the coagulation in the sac, it undoubtedly contributed to retard the venous circulation in the leg and to depress the system.

CASE II.—E. McD——, aged 65, Irish, laborer. Has resided here about 20 years, has complained of difficulty in passing urine for about 15 years. On sounding him it was found that the instrument met with a calculus just below the pubis, and in front of the bulb of the urethra, and the instrument could not be passed beyond. There was an old fistula in the perinneum, communicating with the urethra, through which the urine occasionally dribbled, but no calculus could be felt with the probe.

OHIO STATE MEDICAL ASSOCIATION

THE TWENTY-FOURTH ANNUAL MEETING.

COLUMBUS, June 8th.

The Association was called to order at 11 A. M., by Dr. A. Dunlap, of Springfield, President of the Association. Prayer by Rev. Richards, of Trinity P. E. Church. Prof. S. M. Smith of Columbus, made a welcoming address to the Association, as follows:

MR. PRESIDENT, GENTLEMEN OF THE SOCIETY.—With a very brief notice it is made my grateful duty to express to you the pleasure that your presence affords to the medical profession, and to the citizens of Columbus, and to welcome you to their hospitality, to welcome you to the capital of our common State, to the privileges accorded to us in this place of meeting by the liberality of its Legislature, and to congratulate you on the pleasant surroundings that mark this return of our annual greeting and coming together:

The growing interest in our organization, the assurance of permanence, the higher grade of its contributions and deliberations, and the courtesy that governs them, and the wider range of its influence on the profession of the State, all combine to add to the importance of these meetings, and are just grounds for the congratulations which we tender to you.

The events and scenes, the conflicts and training, the discipline and the developed vigor of the past few years have brought to the nation a heritage of experience unmeasured in its richness. Our profession has been no stinted participant in this wealth of quickened energy, keener apprehension and appreciations of truth, for truth's sake, and a higher and nobler ambition for success; and here in the capital of the State, in the halls of legislative wisdom and power, we may recall the debt of gratitude we owe to our State Government, that in the very beginning of our civil contest she took counsel, and adopted wise measures for securing a high grade of qualification in those who were to care

for the sick and wounded soldier. The result, patent to all, was that the duties, experiences, and opportunities of the army surgeon, in a great majority of cases, developed larger views and higher culture in his profession than years of civil practice could furnish. He dwelt in the heat of scenes, and worked under the pressure of excitement that would have aroused the dullest brain, and that the most sluggish indolence could not resist.

All these influences returned to us a body of medical men, prepared and ambitious to compete for better positions in the profession and in the community. This competition records its generous results in the higher tone, larger acquirements, the increased courtesy, and the nobler bearing of the profession to its own members. Its self-respect has thus been a large gainer, and it is returned four-fold in the increased respect of the community.

We welcome you to the capital, that you may witness the success and prosperity of those great wards of our profession—the public charities of the state.

They are your children, called into existence by your motion, and largely sustained and directed in their conduct and growth by your counsels in the legislature. A sad chapter in their history has been recorded since you last met. A November night settled down around the home of the most unfortunate class of all that take shelter under the protecting care of public benevolence. The wild cry of fire in this home sent a shock to every heart. The morning beheld it a ruin, and these children of misfortune would have had an added woe—houseless, homeless—but the great heart of the state, in its beneficence, gave them shelter from the storm, and soon all were provided for. This great misfortune has been the occasion of a renewed display of liberality and promptness on the part of the state, in making ample provisions for all her insane. These results are just grounds for congratulations.

The mortuary records of our organization, including its inchoate state, under the name of conventions, present a long list of honored names that may reasonably incite us to a generous emulation to bear names no less honored, when we shall have finished the duties allotted to us. This roll includes Drake and Eberle, Mussey and Harrison, Delamater and Butterfield, Howard and Dawson, with many others no less worthy, whose memories are, in the hearts of many, associated with the lecture room and its teachings, while a large circle recall with an affection and respect, no less cherished, the virtues and skill of Joshua Martin and Buck-

ner, Stanton and Thompson, Hurxthal and Sachsi—noble practitioners who stood at their post, serving faithfully until the Master called. What higher honor can we bestow upon these worthies than by imitating their virtues and emulating their examples in promoting the great interests of our noble organization?

Trusting, then, gentlemen, that your meeting may be characterized by harmony in its proceedings, by freedom of discussion, by fearless expressions of honest opinions, by rich, well-matured contributions to the facts and principles of art, that you may be reinvigorated by this pleasant coming together, and then separate with a quickened purpose to bring a larger tribute to our common stock when we next meet—in the name of my colleagues, I again bid you a hearty welcome.

REGULAR ORDER OF BUSINESS.

The following committee on admission was then appointed: Drs. Landon, Scoville, Falconer, Metz and Conklin.

The minutes of the last annual meeting were then read by the Secretary, Dr. Hall, and approved. The Treasurer, Dr. J. B. Thompson, of Columbus, reported that the receipts during the past year had been \$664.21; expenses, \$492.73; balance, \$171.48.

Referred to the Committee on Finance.

The Committee on Admission reported, recommending the admission of sixteen gentlemen to membership in the Association.

Drs. Gundry, Stevens, and Pierce were appointed on the Committee on Medical Societies.

The Association then accepted an invitation from Dr. G. A. Doren, Superintendent of the Idiotic Asylum, to visit said institution this evening at six.

Dr. Denig read the card of Dr. J. V. Miller, of this city, and said his name had been objected to for a candidate for membership on the ground that he advertised to treat "acute and chronic diseases and diseases of women and children." A motion was made by Dr. Denig to receive him as a member of the association, for the purpose of discussing the subject; which, after some consideration, was ruled out of order, and the matter referred to the committee, who reported favorably on his name, and Dr. Miller was elected to membership. The Association adjourned till 2 P. M.

AFTERNOON SESSION.

The Association was called to order at 2 o'clock. Dr. Longworth, a delegate from the New York State Medical Society, was invited to a seat in the Convention; Also Dr. Finch, of the Scioto County Society; also Dr. Moore, from Clermont Medical Society. The Committee on Finance reported that they had examined the annual report of the treasurer and found it correct; they also recommended the assessment of a tax of one dollar on each member of the Association for general current expenses. Dr. Hyatt, of Delaware, from a select committee, read an interesting and lengthy paper on Hæmatics, which was referred to a committee on publication and ordered to be published. Dr. Stevens, of Cincinnati, made some critical remarks upon the essay read by Dr. Hyatt.

Dr. A. B. Jones, of Portsmouth, read an essay upon *Scirrus Uterus*, which was also ordered to be published.

The following delegates were received: Dr. E. J. Tickner, of the Lebanon Medical Society; also, Dr. J. B. Hough, from the same; Dr. W. H. Phillips, of Kenton; Dr. C. Berlin, of Wapakoneta, and Dr. Hiram Eckman, from Tuscarawas county.

An invitation from Mr. Fay, the Superintendent of the Deaf and Dumb Asylum, to visit that institution to-morrow afternoon, was accepted. Dr. J. N. Weaver, of Wooster, read a lengthy paper on "Hypodermic Medication." The subject was discussed at length by a number of the members of the Association, among whom were Dr. Reamy, of Zanesville; Dr. Gundry, of Dayton; Dr. Hill, of Oxford; Dr. McLane, of Lockbourn; Dr. Pierce, of Steubenville; Dr. Morris, of Columbus; Dr. Blymer, of Delaware, Dr. Arnold, of Indiana, and Dr. Hyatt, of Delaware. The discussion was confined to the use of morphine and kindred drugs, numerous cases in which it had been used were cited *pro* and *con*. Many objections were raised to the use of hypodermic medication, but on the other hand, many more arguments were brought forward for its use. The majority of cases cited in the discussion showed that the use of such medication was beneficial in the extreme, and that many remarkable cures had been effected by it which could not otherwise have been brought about. The paper was laid on the table for future discussion. The convention then adjourned to proceed to the Idiotic Asylum as per invitation.

SECOND DAY'S PROCEEDINGS.

The Convention was called to order at 9 o'clock by the President. The minutes of yesterday were read and approved. The resolution to visit the Deaf and Dumb Asylum, at 2 o'clock this afternoon was rescinded, and a resolution adopted to visit the institution at 6 o'clock P. M.

Dr. Hyatt, of Delaware, was appointed to act as Assistant Secretary.

The Committee on Admissions reported the names of five gentlemen, and recommended their admission as members, which was agreed to.

Dr. Gay, of Columbus, who was to have reported on "Military Surgery," was continued until next year. Dr. Conner, of Cincinnati, on "Carbolic Acid," was also continued until next year, at their own request. Dr. Stevens, of Cincinnati, was allowed to hand his report on "Obituaries" to the Publication Committee without reading.

Dr. Mussey, of Cincinnati, reported in behalf of the delegates appointed by the Association, at their last meeting, to attend the American Medical Association, which was held at New Orleans in May last. The meeting was harmonious and interesting. A large number of delegates were present, and the papers read were of a very high order. One of the most important subjects considered was the subject of cheap schools, and their relation to the advancement of the medical profession. Dr. Mussey then read the resolutions adopted by that Association, and commented on them at length.

Dr. Mussey also reported in behalf of the delegates appointed at the last meeting of the Society to attend the Kentucky State Medical Association, which was held at Frankfort, in April. This meeting was also interesting and harmonious.

RESOLUTIONS.

Dr. O. G. Seldon, of Shanessville, offered the following preamble and resolutions:—

"WHEREAS, There is among the statutes of Ohio an act which makes the exhuming and dissection of human bodies an offense punishable with fine and imprisonment; and,

"Whereas, The present laws demand of the medical profession the exercise of an amount of professional skill which can be obtained in no other way than by practical dissection, thereby demanding of our profession qualifications which the same code of laws denies us the means of obtaining; therefore, be it

"*Resolved*, That in the opinion of this Society, the time has now arrived when it is our duty not only to petition, but to respectfully demand of our law-makers relief from the burden now resting upon us, by providing by law some means by which we can lawfully pursue the study of practical anatomy.

"*Resolved*, That the President of this Society be requested to draw up a memorial to our next legislature on this subject.

"*Resolved*, That a copy of this memorial be sent to the president of every county medical society of this state, and where no such society exists, to any prominent physician, with the request that he obtain the signature of every regular physician in his county, and return the same to the chairman of the aforesaid committee before the first day of January, 1870.

"*Resolved*, That said committee be further requested to visit the State Capital during the next session of the next legislature to confer with them, and urge some action on the subject."

Dr. Seldon said he hardly knew the proper way of so amending the law on the subject; he thought if the matter was taken in hand, as it should be, some plan could be devised.

Dr. Wright, of Cincinnati, said that, notwithstanding his long connection with medicine, he was opposed to the resolution. He did not think such a measure could be passed through any legislative body. As soon as such a question was mentioned the popular feelings were aroused, and the clamor and prejudices against the profession became general. Medical colleges do not ask for such a law, and if it were passed sentinels would be placed at every corner of the cemeteries with instructions to kill the first one who attempted to despoil a grave. If you pass such a law it will shut down the gates, and you will be unable to procure a single subject for dissection, and the law will be a dead letter. The friends of deceased persons will be on the look-out, and if a body should be secured, these friends will take it from you, and you will be punished for it. You would do this; so would I. No matter how long we practice medicine, we should not lose all our finer feelings. We should, therefore, vote down the resolution, as it is nearly impossible to get such a law passed, and if it was it can do no good.

Dr. Seldon was surprised to hear the remarks of the last speaker. The duty of dissection was always unpleasant, yet it must be done, and as long as this is so it would be better to legalize it. All of our students who have a body placed before them for dissection, know that most of these bodies have been procured contrary to law, and it is certainly not a good thing to train up our young men in such a way. If dissection is legalized it will destroy the occupation of that miserable specimen of humanity known as the resurrectionist.

Dr. Gay, of Columbus, thought the resolution should be adopted, and such a law could and should be passed.

Dr. Jones, of Portsmouth, said if dissection was illegal, he would move an amendment to the resolutions so as to ask that dissection be legalized, and say nothing about procuring the subjects.

Dr. Seldon said it was illegal.

Dr. Jones then moved to amend the resolutions as stated by him.

Dr. Landon, of Franklin, was in favor of the resolutions and opposed to the amendment.

Dr. Firestone, of Wooster, was in favor of the resolutions. Other states had passed laws similar to the one asked, and it had not raised a mob spirit, but, on the contrary, good had been done. But under the laws of Ohio, as they now stand, every man knows that the grave of his wife or child is liable to be violated. This makes all on the alert. But if such a law is passed, with proper restrictions, it will take this work from the hands of resurrectionists and put it into the hands of the medical profession. Dr. Wright had said such a law would excite the people. Well, what if it would? Were the people particularly kind to the medical profession in a little case of malpractice? If a broken bone was not properly treated, was not the physician fined heavily? And the fine was generally fixed according to the size of the purse of the physician. All of our students know that they are classed as law-breakers from the time they enter a medical office until they leave it. Such a law as the one asked would remedy this.

Dr. Jones still favored his amendment, and if the legislature could be induced to grant what he asked at the next session, perhaps they would also grant more at some future time.

Dr. Mussey hoped that a large committee would be appointed to memorialize the legislature on the subject referred to in the resolution. He was surprised that any one who had ever favored dis-

section should oppose the passage of such a law, and he again would ask that a committee be appointed to digest the subject and ask the legislature for this law, and keep it up year after year, until success crowned our efforts.

Dr. Wright said he did not wish to be understood as opposing dissection, for such was not the case; but he was opposed to the agitation of the question. Enough subjects could be obtained without it from hospitals, prisons, etc., but he was opposed to the agitation, because it would do no good, and such a law could not be passed.

Dr. Stockstill, of New Carlisle, thought such a law should have been passed years ago, and the medical profession should demand such a law.

Dr. Jones withdrew his amendment, and the resolutions as offered were adopted.

The paper presented yesterday on "Hypodermic Medication" was accepted, and referred to the committee to publish.

Dr. A. D. Williams, of Cincinnati, then read an interesting paper on "Ophthalmology." This paper was referred to the publication committee, with instructions to publish.

The Convention then took a recess until 2 o'clock P. M.

AFTERNOON SESSION.

The Convention was called to order at 2 o'clock, and proceeded to the election of officers for the ensuing year. The President appointed Drs. Conklin and Mussey tellers.

The election of a President being first in order, the following nominations were made: S. M. Smith, of Columbus, T. A. Reamy, of Zanesville, Richard Gundry of Dayton, and Cyrus Falconer, of Hamilton. Dr. Reamy declined being a candidate against Dr. Smith, as they were members of the Faculty of the same medical college (the Starling Medical College, of Columbus). A ballot was then taken and resulted in the election of Dr. Smith, by a vote of 83. The election was then made unanimous.

The following nominations were then made for Vice Presidents (four to be elected): M. Dawson, of Royalton, A. B. Jones, of Portsmouth, S. S. Scoville, of Lebanon, J. B. Potter, of Winchester, Thos. McEbright, of Akron, E. L. Hill, of Oxford, Dr. Pom-

erine, of Millersburgh, J. H. Rogers, of Springfield, R. H. Tipton, of Darbyville, Dr. Scharff, of Bellefontaine, Dr. Moore, of Wayne county, and Dr. McBeth, of Galion.

The ballot was then taken and resulted as follows: Dawson, 57; Jones, 37; Scoville, 31; Potter, 12; Pomerine, 17; McEbright, 20; Hill, 19; Rogers, 39; Tipton, 10; Scarff, 14; Moore, 16.

Dr. Dawson having received the highest number of votes, was declared elected first Vice President.

The second ballot was then taken, the names of all but the four who received the highest number of votes on the first ballot having been dropped. This ballot resulted in the election of Drs. Jones, Scoville and Hill. Dr. J. B. Thompson, of Columbus, was unanimously elected Treasurer, and Dr. W. C. Hall, of Fayetteville, re-elected Secretary. A ballot was then taken for Assistant Secretary, and resulted in the election of Dr. E. H. Hyatt, of Delaware.

On motion of Dr. Mussey, Governor Hayes was invited to the speaker's stand, and was introduced to the Convention by the President. His appearance called forth vigorous applause. Governor Hayes said:

"Gentlemen of the Convention: I thank you for the honor done me, and to show you that I appreciate it, I will not interrupt your proceedings by making a speech." [Applause.]

Drs. Miller, of Clermont county, Seldon, of Shanesville, Blymer, of Delaware, Davis, of Cincinnati, and Bunson, of Columbiana, were elected the Committee on Admissions. Messrs. Gundry and Reamy were appointed a committee to escort the newly-elected President, S. M. Smith, to the chair. President Smith took his seat, and after thanking the Convention for the honor conferred upon him, announced the valedictory address of the retiring President, Dr. A. Dunlap, of Springfield, next in order. Dr. Dunlap then delivered a beautiful and able address.

A resolution was adopted thanking the retiring President for his address, and directing its publication in the proceedings of the Convention.

A resolution was also adopted thanking the other retiring officers for the faithful manner in which they have discharged their duties during the past year.

RESOLUTIONS.

Dr. Seldon, of Shanesville, offered the following resolutions:

Resolved, As the sense of this Society, that the practice of advertising free lectures, as it is followed by some unendowed medical schools in the West, is unprofessional, wrong, and derogatory to the advancement of medical science; and not only interferes with the thorough training which is so necessary to the student in medicine, but savors largely of the spirit of empiricism, which we, as an honorable profession, try to avoid:

Resolved, That we, as a Society, earnestly advise our members not to countenance such a course by our patronage, and that we use our influence to induce our students to avoid placing themselves under the tuition of such schools.

Resolved, That we, as citizens of Ohio, should exercise an honorable state pride in supporting our own state schools by our patronage and influence.

Resolved, That when a graduate of any medical school forsakes legitimate medicine and engages in irregular practice, it is the duty of said school to revoke the diploma of such recreant graduate, and withdraw from him their countenance and support."

The first, second and fourth resolutions were adopted, and after considerable discussion the third resolution was lost.

Dr. Mussey offered the following resolution, which was adopted:

Resolved, That private hand bills, addressed to the members of the medical profession, or advertisements in newspapers, calling the attention of professional brethren to themselves as specialists, be declared in violation of —, Section —, of the Code of Ethics of the American Medical Association."

THE NEXT CONVENTION.

The President then announced that a place should now be selected for holding the next Convention. Cleveland, Columbus and Cincinnati were suggested, but a rising vote determined Cleveland as the choice of the Convention.

After the transacting of some other unimportant business, the Convention adjourned.

THIRD DAY'S PROCEEDINGS.

The Convention was called to order at 9 o'clock, by Vice President Hill. The minutes of yesterday's proceedings were dispensed with.

A resolution offered by Dr. Hyatt, fixing the time for the next annual meeting of the Association on the second Tuesday of June, 1870, at 10 o'clock A. M., was adopted.

Dr. Kay, of Springfield, then read an interesting paper on "Oxgall as a medicine." The paper was referred to the Committee on Publication, with instructions to publish.

The Committee on Medical Societies reported in favor of admitting the Monroe County Medical Society, as auxiliary to the State Society. The report was agreed to.

Dr. J. B. Hough, of Ridgeville, Warren county, read a brief paper on the chemical relations of "Chlorinated Anæsthetics." The paper was referred to the Committee on Publication, with directions to publish the same.

RESOLUTIONS.

Mr. Bronson offered the following resolutions, which were adopted:

"Resolved, That the grateful acknowledgments of the Ohio State Medical Society are due to Dr. Doren, Superintendent of the Asylum for Idiots, and George O. Fay, Superintendent of the Deaf and Dumb Asylum, for their attention shown to the members of this Society, showing and explaining every department of their great and well-managed institutions.

"Resolved, That these institutions commend themselves to the good opinion of the citizens of the state, and not only from their extent and adaptation to their special purposes, but also from the excellent manner in which the institutions are conducted by the present management.

"Resolved, That the thanks of the Society are due to the members of the medical profession of Columbus for their many attentions and kindness to every member of this Society during the present session."

The President then appointed the following committees:

STANDING COMMITTEES.

Executive Committee—Drs. H. J. Herrick, J. Bennett, G. C. E. Weber, H. K. Cushing and S. Sterling.

Finance—Drs. O. G. Seldon, J. M. Curdy, W. B. Davis, C. P. Landon and C. McKenzie.

Ethics—Drs. R. Gundry, S. Loving, B. B. Leonard, C. Falconer and A. J. Miles.

Medical Societies—Drs. L. Firestone, P. F. Beverly, R. C. Huston, A. Dunlap and John Corson.

Publication—Drs. W. C. Hall, J. B. Thompson, John Wheaton, T. B. Williams and R. M. Denig.

SPECIAL COMMITTEES.

Medical Jurisprudence—Dr. R. M. Denig.

Military Surgery—Dr. N. S. Gay.

Climatology and Diseases of South-eastern Kansas—Dr. P. Beeman.

Special Application of Carbolic Acid—Dr. P. S. Conner.

Bright's Disease—Dr. W. J. Conklin.

Obituaries—Dr. E. B. Stevens.

Hæmatics—Dr. E. H. Hyatt.

Vaccination—Dr. W. B. Davis.

Diseases of the Larynx—Dr. R. Wirth.

Typhoid Fever—Dr. C. Falconer.

Improvements in Surgery—Dr. W. H. Mussey.

Puerperal Convulsions—Dr. Pomerine.

New Anæsthetics—Dr. J. B. Hough.

Pneumonia—Dr. O. G. Seldon.

Fibrous Tumor in Mammary Gland, with case—Dr. R. E. Huston.

Progress of Ophthalmology—Dr. A. D. Williams.

DELEGATES APPOINTED.

Thirty delegates were appointed to attend the next meeting of the American Medical Association, at Washington City.

Dr. T. A. Reamy, of Zanesville, was appointed a delegate to the British Medical Association.

Drs. Scharff and Gray were appointed delegates to the Indiana State Association.

The Convention then adjourned to meet in Cleveland, on the second Tuesday in June, 1870.

S. M. SMITH, M. D., *President*.

W. C. HALL, M. D., *Secretary*.

Hospital Reports.

CINCINNATI HOSPITAL.

Surgical Clinic of W. W. DAWSON, M. D.

Reported by J. B. RICHEY, M. D., Resident Physician.

Two cases of fracture of the Anatomical Neck of the Humerus.

Jas. H. S——, aged 56. While working beneath a bank of earth, in the stooping posture, the bank fell, striking and throwing him upon his left shoulder, which was very much injured. When admitted, the shoulder was so very painful that no satisfactory examination was made. On the next day, he was taken before the class, chloroform administered, and a very careful examination made, which proved the injury to be fracture of the anatomical neck of the humerus. Fox's apparatus was at once applied, minus the axillary pad, and the arm bandaged close to the side. The patient suffered but little pain; his appetite remained good, and the case progressed well. The use of his arm became pretty good; the union was complete, and two months after admission was discharged well.

Frederick M——, aged 79. German. Very spare old man, with developing cataract in both eyes, and on this account can not see very sharply. Came to the city about two months ago; and, while attempting to step from the pavement upon one of the crossings, missed his footing and fell, striking his left shoulder violently against one of the curbstones. Great pain and almost complete loss of function, with considerable swelling, soon followed. After he was admitted, chloroform was administered, and the injury diagnosed a fracture of the anatomical neck of the humerus. There being very little deformity, the arm was simply placed in a sling, the corners of which were fastened around the lower end of the humerus to prevent the arm from falling backward as the patient lay in bed. Rest was enjoined; the patient's general condition carefully attended to, and the arm kept in the sling for five weeks. The case had progressed so well that the dressings were

removed. At the end of another week, the arm was again examined carefully and found to be perfectly firm at the point of fracture, and the motion and strength of the limb fair.

Fracture of the anatomical neck is a rare accident. The two cases here presented were singularly alike. There was no marked deformity in either; but in both there was pain and impaired motion. Chloroform, in such cases, is the great revealer, and as soon as these patients were put under its influence, *crepitus*, well pronounced, showed at once the character of the injury. The repair, in both instances, was good; the upper fragment was not entirely removed from all attachment with the capsule of the joint; hence, its nutrition and final reunion with the shaft. Deformity, so characteristic a symptom of fractures generally, is prevented in these cases by the attachment of the muscles to the tuberosities, holding the bone in its normal position.

Removal of Metacarpal Bone.

Wm. H—, aged 25. German. States that about six months ago, while tending a circular saw, his hand was in some way caught by the saw and a large wound made upon the palmar surface. This soon healed, but the effects of the injury did not here cease, inflammation set in, pus was formed, and an opening was made upon the dorsal surface to allow its escape. The wound continued to discharge pus, and, at intervals, pieces of bone. Was admitted into the hospital on the 22d of March, and the following condition found to exist: Man of medium size, good habits, has always enjoyed good health, appetite good, sleeps well; right hand is a good deal deformed, and is tender to the touch, but when at rest is not painful. There exist a large opening on the dorsal surface that discharges pus freely. The wound ordered to be kept poulticed. No change for the better resulting, the patient was, on the 19th of May, taken before the class, and an examination revealing a diseased condition of a portion of the metacarpal bone of the middle finger, an incision was made extending from near the base of the finger upward two inches. It was now found that nearly the whole of the bone was involved, and it was determined to dissect it out at once. The incision was then extended downward to nearly the finger joint and upward at least one inch, making an incision three and one-half inches in length, and the bone removed. No chloroform was administered, the patient refusing to receive it. He sat the operation through with scarce a groan, watching

with interest each movement. The wound was closed by stitches and cold water dressing applied for a few days, when a poultice was ordered. The case progressed rapidly toward recovery, and on the 15th of June he was discharged, the wound being perfectly healed, and the hand a very good one.

Removal of the Semilunar Bone.

Thomas M—, aged 38. Ireland. During the month of January, the patient slipped and fell, his entire weight coming upon the right wrist, the right arm having been thrown out for support. On getting up he found his wrist very painful and apparently badly sprained. It soon became very much swollen and the pain was intense. Ten days after the accident he was admitted, and the following condition found to exist: Large, robust man, in excellent health, of good habits, good appetite, does not sleep much on account of the pain in his wrist. On examining this it was found very much swollen and excessively tender to the touch or to the slightest motion. No fracture or dislocation found. One-half dozen leeches were at once ordered, and after this, Goulard's solution used upon the part with benefit for a time, the pain being greatly relieved and the swelling much reduced. This improvement was, however, temporary, for both the swelling and pain returned in a short time, and the leeches were again used, and anodynes given. About the 28th of February, two abscesses made their appearance—one on the dorsal and the other upon the palmar surface of the wrist. They discharged pus freely. The part was kept poulticed, and the general condition of the patient kept up for some time, but without any improvement. Diseased bone was found present, upon an examination, and the patient was taken before the class, and after chloroform had been administered, an incision two inches in extent was made over the dorsal surface of the wrist. It was now ascertained that *the disease* was confined to the semilunar, and it was at once removed. *The other bones were found to be healthy.* The wound was left unclosed, and simply dressed with a poultice. The healing process soon began and progressed quite rapidly, and about four weeks after the operation, the patient was shown to the class with the wound entirely closed, and with the exception of a little thickening of the tissues about the wrist and some stiffness of the joint, he has an excellent wrist and hand.

Removal of portions of the Ulna for Caries.

Frank McC—, aged 15. Was admitted on the 19th of April for treatment of his left arm, which had been fractured some two months before by a fall. On examination being made, the arm was found very much enlarged about the elbow, the joint quite stiff, and two or three openings on the posterior surface just below the elbow, which discharged pus quite freely. On examining through these openings, the ulna was found to be diseased to quite an extent upon its posterior surface. The part was for some time kept poulticed, and the patient's general condition attended to carefully, but without any improvement in the condition of the arm. On the 2d of June, it having been decided to remove the diseased part, after the administration of chloroform, one incision was made upon the posterior portion of the arm over the ulna, extending from near the elbow downward four inches and a half, the tissues dissected from this portion of the bone and the affected portion chiseled off; this was found to extend down to the medullary membrane, which was bared for at least two inches. The membrane was found to be very much injected. The wound was closed by stitches and adhesive strips, and water dressing at once applied. It gave the patient very little pain, and the process of healing progressed so rapidly that on the 19th, when he was discharged for misconduct, the wound was nearly healed.

Operation for Incomplete Fistula in Ano.

Felix G—, aged 40. Has been affected for the last four years, with a fistula situated on the left side of the rectum, for the treatment of which he was admitted on the 8th of May. Was in the army in the cavalry service, and lays great stress upon the great amount of riding that he did, as being the cause of his trouble. Present condition, large, healthy man, of pretty good habits, appetite good. On making an examination, there was found to exist a fistula in the left ischio rectal fossa, extending upward and backward two inches, but not communicating with the bowel. The patient was taken before the class, and the case treated in the ordinary way by passing a curved bestoury through the fistula into the rectum and dividing the parts downward, including the sphincter. Linen lints were then introduced daily afterward, the wound healing very nicely from the bottom. The case may be

considered at present perfectly cured, the wound being all closed save a very small lip external to the sphincter.

Ligation of Internal Piles.

Alphonso L——, aged 24. Had been troubled for three years with internal piles, which bled very profusely with every operation of the bowels. Had been treated with laxatives, blue mass, injections of Argent. Nit. Per Sulph. Ferri, &c., but all to no purpose. The bleeding continued; the piles grew larger, and at last very painful. The patient was taken before the class, placed upon the table upon his hands and knees, and directed to protrude the piles. On bearing down strongly, a large tumor protruded and from it a jet of blood was thrown for some distance upon the floor. The tumor was ligated with the double ligature, passing the needle through the center of the base. This was the only tumor found. The case did well for four weeks, at which time another tumor made its appearance. This was treated in the same manner as the other, and with complete success, the patient being discharged two weeks afterward, perfectly cured.

Selected.

WE present the following article from the New Orleans *Journal of Medicine* for July. We had the pleasure of meeting Dr. Smyth during our visit to New Orleans in May, and also of seeing the patient on whom the ligation of the "innominate artery" was performed five (5) years since. The patient had not the same muscular power of the arm as was apparent in the opposite side, but appeared to be in good general health, and was able to perform ordinary labor and support himself and his family.

In Dr. Smyth, we were much interested; his modesty was certainly refreshing, but we believe his claim to originality and priority in arresting secondary hemorrhage from the distal end of the artery ligated, by ligation of the principal anastomotic branch, must be conceded.

W. H. M.

A Case of Successful Ligature of the Innominate Artery. By
ANDREW W. SMYTH, House Surgeon, Charity Hospital, New
Orleans.

The following correspondence explains the necessity of republishing Dr. Smyth's operations, a full report of which appeared in the *New Orleans Medical Record* of May, 1866:—EDS.

NEW ORLEANS, May 12, 1869.

Dr. A. W. Smyth:

DEAR DOCTOR: At one of the meetings of the Surgical Section of the American Medical Association, an earnest desire was unanimously expressed for full details concerning your case of successful ligature of the innominate, and I promised to try and procure a paper from you embodying the same, with such observations as you deem appropriate on the subject, and publish it in the next issue of our *Journal*. Will you oblige me, and the profession at large, by letting us have such a paper.

Very truly yours,

SAM'L LOGAN.

Dr. S. Logan:

In accordance with your request, and the expressed wish of the members of the Surgical Section of the American Medical Association for a report of the details concerning the case of successful ligature of the innominate artery, I enclose you the following condensed statement, which I believe embraces all the important features connected with the case.

Respectfully, your obedient servant,

A. W. SMYTH.

The subject of the operation, William Banks, aged 32 years, was admitted into the Charity Hospital on the 9th of May, 1864, suffering from aneurism of the right subclavian artery.

The tumor, situated in the posterior inferior triangle of the neck, had reached the size of a small orange, and was four months in forming. The patient believed that the tumor originated from a strain which his arm received in the month of February, as shortly after that time it made its appearance.

On the 15th of May, assisted by Dr. D. L. Rogers, of New York, Drs. Holliday and Boyer, of this city, and Surgeons Bacon and Orten, of the United States army, I placed a ligature on the innominate artery, a quarter of an inch below its bifurcation, and another on the carotid, an inch above its origin.

Immediately after the operation, the temperature of the arm became increased, and, except slight fever, no other disturbance was noticed.

In forty-eight hours a very slight pulsation was discovered in the arteries at the wrist.

On the 28th of May, the ligature came away from the carotid artery, and on the 29th, fourteen days from the time of operating, a severe hemorrhage occurred, causing syncope, and ceasing of its own accord; about sixteen ounces of blood were supposed to have been lost.

Slight hemorrhage took place on the two following days, and on the 1st of June, I filled the wound with fine shot,* thinking that the pressure of the shot on the artery would aid in effecting its occlusion, and at the same time arrest the hemorrhage.

On the same day, after the introduction of the shot, the ligature came away, by slight pulling, from the innominate artery.

On the 17th of June, a portion of the shot was taken out, when hemorrhage returned a few hours after, and the shot were immediately replaced.

Slight bleeding, however, occurred at intervals of two and fifteen days, and on the night of July 5th, a terrific hemorrhage took place, exceeding in quantity the first on the 29th of May. The bleeding ceased, as in the first instance, from syncope.†

Believing the hemorrhage to come from the distal side of the ligature, and from the subclavian artery, the carotid having been tied, I determined, on July 8th, to ligature the right vertebral artery, this being the principal branch carrying a retrograde current into the subclavian.‡

As the operation of ligating the vertebral artery is one of some difficulty, I will give the exact procedure from my original report.

The head of the patient being thrown back, and slightly turned to the left, an incision two inches in length was made along the posterior border of the sterno-mastoid muscle, commencing at the point where the external jugular vein crosses this muscle, and terminating a little above the clavicle, the edge of the muscle

* Sold in stores as No. 9.

† It was the occurrence of syncope, and the consequent arrest of hemorrhage, that first directed my attention to the vertebral artery as being the one from which the bleeding took place. This artery is capable of draining the blood directly from the brain, therefore the one most likely to produce these effects, and a repetition of hemorrhage had been a striking feature in almost all the cases operated upon.

‡ See drawing of internal carotid and vertebral arteries, Gray's Anatomy, page 333, Am. edition.

being exposed and drawn to the inner side, the prominent anterior tubercle of the transverse process of the sixth vertical vertebra was readily felt and taken for a guide. Immediately below this, and in a vertical line with it, lies the artery. A layer of fascia was now divided, some loose cellular tissue with lymphatics, and the ascending cervical artery, were pulled to the inner side, and a separation was made between the scalenus anticus and longus colli muscles just below their insertion into the tubercle, when the artery and vein became visible; the latter was drawn to the outer side (this is important), and the needle passed around the former from without inward.

On the morning of July 9th, thirty-eight days after their insertion, all of the shot were removed with a pair of dressing forceps from the first wound, and the shot were found to weigh two and a half ounces.

A marked decrease in the circulation of the arm was now apparent, the slight pulsation at the wrist disappearing; coldness and œdema supervened, and the brachial artery became occluded, feeling corded throughout its whole extent. I felt somewhat alarmed for the safety of the limb, but in a few days these unfavorable symptoms began to subside.

No further hemorrhage took place after the second operation. The ligature came away on the tenth day, and the wounds soon healed. On the 15th of September, the patient felt entirely well, with the exception of weakness in his right arm, the use of which he was rapidly regaining. The aneurismal sac had almost disappeared.

At the present time, May 15, 1869, five years from the date of the operation, the patient is enjoying the best of health, having gained nearly twenty pounds in weight during the last two years.* He has the full use of the right hand, although the arm is not quite so muscular as the left, and in every way the cure is complete and perfect.

At the time of writing the original report, September 15, 1864, I was of the opinion that secondary hemorrhage would be prevented in future operations by ligation of the vertebral artery at the same time as that of the innominate and carotid arteries. In this, however, I was, without doubt, mistaken.

* On May 6, 1869, the patient was exhibited before the American Medical Association, at its annual meeting in New Orleans.

In May, 1866, Dr. M. M. Dowler, of this city, in the first number of the New Orleans *Medical Record*, published a report on the present condition of William Banks. He had been seen by Dr. Dowler a few days before coming to the hospital, and knowing the result of the previous operations for the cure of subclavian aneurism, the Doctor became interested on learning that at last, and on a patient that he happened to know, the innominate artery had been successfully tied.

To this circumstance I am indebted for a highly complimentary letter from Dr. Dowler, which is published with the report, congratulating me on the success of the operation. In this letter the following observation is made: "The success of your operation was clearly owing to your happy resolution in relation to tying the vertebral artery. But it appears to me, in reflecting on your case, that there is coupled with this another element to be accredited to your success; and that is, *your having tied it at the time you did, rather than at the time of the first operation.*"

I am convinced, now, that the interval between the operations was an important element in the success, and I am free to acknowledge that I was not the first to perceive it. I still think, however, that the interval between the operations need not be longer than the time required for the separation of the ligature from the innominate artery, say fifteen days, and with care, compression would prevent a fatal hemorrhage for at least this period.

I mentioned in my original report that the common carotid artery was found occluded after ligation of the innominate. This is reported in several of the fatal cases, and that I believed this occlusion resulted from the stronger retrograde current in the vertebral opposing that from the carotid, for these currents oppose each other in the subclavian when carrying on the retrograde circulation. If the anastomosis of the common carotid is not sufficient to carry a retrograde current into the subclavian after ligation of the innominate, it is highly probable that other communicating branches of the subclavian also fail to do so, and for the same reason.

It is a mistake to suppose that all the branches communicating with the distal end of a ligated artery enlarge and carry on a retrograde circulation. The retrograde currents through these branches, if we examine their direction carefully, will be found to oppose each other, and the stronger from a more direct source, arrests the weaker current, and not being sufficient to reverse it.

occlusion of the branches carrying the weaker current is the result. For this reason, during the fifty-four days that intervened between the two operations in the present case, the current from the vertebral artery must have occluded, probably, all of the other communicating branches of the subclavian, and accounts for the fact that the brachial artery became occluded after the ligation of the vertebral. The axillary and subclavian are no doubt also occluded, and impervious, for no evidence of circulation through them is to be found on examination at the present time.

The longer, therefore, that the principal communicating branch with the distal end of a ligated artery is allowed to carry on a retrograde current, the more certain will all pressure of blood in the distal artery be removed by the ligation of that branch, and consequently the interval of time between the operations becomes of very great importance.

The ligation of the principal communicating branch with the distal end of a ligated artery, to arrest secondary hemorrhage from it, is an entirely new operation (the present instance of ligation of the vertebral being no doubt the first), and it is one of some value to general surgery.

Correspondence.

NICHOLSON'S STORE, CHOCTAW COUNTY, ALA., }
May 12, 1869. }

Editor Lancet and Observer:

I see an article in your March number extolling chestnut leaves in the relief and cure of whooping cough. I have tested the remedy, and no relief can I see from the use. During last winter and present spring, whooping cough raged, and is still raging, with frightful violence in this neighborhood. A short time ago I was called in by a practical M. D. (we have no other kind in the country), to assist him in treating his family, and especially a little girl, three years old, in second stage of the disease. The spasm was trying, and the little sufferer came near succumbing. We tried many remedies, together with cauterizing mucous membrane

of larynx with lunar caustic, all to no relief of the little sufferer. At last I struck off on another track, and framed the following prescription :

R.—Hive Syrup, ʒ i.
Tartar Emetic, grs. i.
Tr. Tolu.
Tr. Cochineal, á á ʒ ii.
Mel., ʒ ii. M.

S.—Teaspoonful every two hours; or less, with shorter intervals.

To my great surprise, the frightful paroxysms were promptly relieved, and the little patient went on to uninterrupted recovery. I have tested the remedy in many cases with the same happy results. The doctor whose family I attended says, in the number of cases he treated, that he has never failed to give speedy relief. I request the profession to test the remedy, and give their experience to the *Lancet and Observer*.

Fraternally yours,

GEO. W. SMITH, M. D.

Incontinence of Urine.

By DR. FRED. B. WOOD, Big Rapids, Mich.

I was called, January 21, to visit M. S——, aged fourteen years; nervous temperament, and small of his age. The history of the case, which I received from his father, was as follows: Has been troubled, from early childhood, with incontinence of urine, to such a degree that it was passing from the urethra almost constantly, night and day. On examining the penis, I found an elongated prepuse, which was firmly adhered to the glans penis. Thinking this might be the cause of the entire trouble, I concluded to perform circumcision. Accordingly, on the 25th, I performed the operation, shortening the prepuse, and breaking up all adhesions. February 3d the wound was entirely healed, and I am happy to state that up to the present time, April 19th, the lad is entirely free from the old trouble; says he can go from eight to twelve hours without trouble, and then pass the usual quantity of urine.

If this simple operation will relieve so troublesome a disease, why not use the knife more freely?

Extraordinary case of Saw Wound of the Skull.

In the May number of the *Pacific Medical and Surgical Journal* we find the history of a most remarkable wound of the skull and brain, published by Dr. A. C. Folsom, of Mendocino, under whose care the patient was. It is even more marvelous than the celebrated crow-bar or tamping-iron case which was reported by Dr. Bigelow, some years back. We condense from Dr. F.'s account, as follows:

In August, 1864, the foreman of a saw-mill had his head brought in contact with a circular saw eighteen inches in diameter, which, at the time, was making two thousand revolutions per minute. The resulting wound extended through the bones from the root of the nose, over the vertex, immediately to the left of the median line, to a point below the tuberosity of the occipital bone, giving a measurement of nine inches. The scalp wound exceeded this by a couple of inches. The divided bones "*fell apart over an inch*;" as did, also, the cut surfaces of the brain, though, perhaps, to a less extent, yet sufficient to admit the introduction of a probe to the depth of two inches. Having freed the wound from fragments of bone, sawdust, &c., a tourniquet was placed around the head, and "the edges of the cranial bones were, gradually and carefully drawn together." "During the examination and dressing the pulse remained at 74." And at no subsequent period was it observed to vary in any degree from this. No mental disturbance occurred during the four or five years since the receipt of the injury; and the man resumed his duties in the mill in five or six weeks after. The patient stated that he "did not feel the cutting of the saw much, but heard it jingle and ring as it cut through the bones!" No paralysis or other symptom is mentioned.

In a note by the editor of the *Pacific Journal*, it is suggested that the wound in the brain was of much less depth than supposed, as, in all probability, the great wound through the bones was made little by little, the head rolling, as it were, toward the saw, which, therefore, never occupied the whole extent of the incision, from one of its extremities to the other, at the same time. He also believes that the chasm in the brain itself, into which Dr. F. passed a measuring rule to the depth of an inch and a half, and a probe half an inch deeper, was the fissure between the hemispheres only. The reporter, on the other hand, while hesitating to impose so heavy a tax on the credulity of his readers, distinctly avows the opinion that the saw reached to and divided the base of the skull.

and asks the question, "How could the bones fall apart otherwise?" But still a difficulty to our understanding of this point exists; for, to explain the "falling apart" of the bones, as described, there must have been a complete separation of the bones of the cranium in its entire circumference, which might have occurred partly by fracture, or by separation of suture. But as the accident did not give rise to even slight concussion, and as the doctor states the saw cut terminated posteriorly in sound bone (though he suspected fracture in the frontal region), we can hardly suppose the whole circle of separation was completed by fracture. And as the patient was forty years old, it is hardly likely the sutures could have been so separated by the injury as to allow of this remarkable "falling apart" of the bones at the vertex. Even admitting the complete section of the bones containing the brain, still any "falling apart" of them could not take place as long as the facial articulations remained intact.

T. H. K.

Editor's Table.

A CHANGE.—We congratulate our friends and ourselves that hereafter this journal will be issued from the excellent printing-house of Robert Clarke & Co. Suddenly and with hardly a day's notice, and at a date when the *Lancet and Observer* should have been nearly ready for the press, we were notified of the necessity for a change. It was a temporary annoyance, of course, to clear the decks for this new order of things; but now that it is made, we doubt not everybody will be glad, as we certainly are. * * * We shall make arrangements by which all who desire, or find it more convenient, may make payments at Robert Clarke & Co.'s as well as at our office.

CHART OF THE CRANIAL NEWS.—Dr. Edward Rives, of this city, has just gotten out a handsome chart of the cranial news, published by Robert Clarke & Co. It is printed in large type, on a sheet 15 by 28 inches, folded in a neat cloth case. Price, 60 cents.

PAMPHLETS, &c.—A large number of medical college circulars, and other pamphlets, have accumulated on our table, but we have not the time nor space to give them notice at present.

PRIZE ESSAYS.—Dr. Samuel Willey, President of the Minnesota State Medical Society, offers *two prizes* of \$50 each for the best essays—one on "Endemic and Epidemic Diseases of Minnesota;" the other on "Cerebro-Spinal Meningitis." Dr. A. Wharton, of St. Paul, is chairman of the committee on the first, and Dr. S. D. Flagg, of St. Paul, is chairman of the second.

THE LOUISVILLE IMBROGLIO.—We regret that our friends at Louisville have had so little discretion as to select this torrid term for a war of words. But especially we regret that so bad tempers have been published to the world, with so little of good at all likely, or at all possible, to result. Some months ago, Dr. Gaillard made a lengthy, and perhaps severe, critique of a lecture by Dr. T. S. Bell, in his *Journal*. That critique was certainly courteous, whether necessary or not we need not say. Dr. Bell replies, in the *Nashville Journal*, at great length, and in a spirit and style that is certainly outside the pale of respectable journalism, and we are astonished that Dr. Bowling should have admitted it to his pages, and sorry that Dr. Gaillard should see fit to dignify it with an elaborate reply.

Then we have another episode: Dr. Gaillard saw fit to criticise, with some severity, certain doings of the University. This led to a protracted correspondence between the authorities of the University and Dr. G., which Dr. G. publishes *seriatim* in a Louisville daily newspaper! We understand Dr. G. is sustained by the leading medical society of that city; and while we recognize the fact that it is difficult for us to understand all the animus of these difficulties, yet we are very sure the profession at large will feel aggrieved with their Louisville brethren, and bring to their charge that they have needlessly, and without profit or point to any professional interest, brought discredit upon professional character, merely to gratify personal feelings. Let us have peace.

THE WEST VIRGINIA STATE MEDICAL SOCIETY met at Clarksburg on the 2d of June, and had a profitable and agreeable session, Dr. H. W. Brockway, of Morgantown, presiding. Interesting reports and papers were read, and Dr. Ramsey, of Clarksburg, was elected President for the ensuing year. The annual meeting for 1870 will be held at Parkersburg.

DETROIT MEDICAL COLLEGE.—This institution has closed its first session. The commencement exercises were held June 4th, with a graduating class of thirty-one.

THE GYNÆCOLOGICAL SOCIETY, of Boston, commence the issue of a new monthly journal, to be devoted to the specialty of the society, and contain its official publications. It will be edited by Drs. Lewis, Storer, and Bixby, and the first number will date from July. The price will be \$3 a year.

THE MEDICAL EDUCATION OF WOMEN.—We have received the annual circulars of the *Woman's Medical College* of Pennsylvania, and *Woman's Medical College* of the New York Infirmary. Both of these institutions are conducted on correct principles, and by well-known teachers. In both, the requirements are fully up to the most orthodox standard. Indeed, we fancy some of the older colleges of the land, devoted to the education of the sterner sex, might borrow useful ideas from the study of the announcements before us. Women are determined to practice medicine, and we are glad the opportunity is so wide for ample preparation to those about to enter the sacred portals. For special information in regard to either of these colleges, address Dr. Emily Blackwell, 128 Second Avenue, New York city, and for the Philadelphia school, Mrs. E. H. Cleveland, M. D., 1800 Mt. Vernon st., Phila.

PROF. W. H. TAYLOR.—The friends of Dr. Taylor will be gratified to know that he has been very busy, for a year past, in Germany—for some time past at Vienna. He is now at Paris, and will shortly be *en route* toward home—probably tarry long enough to see all that is notable in London, Dublin, and Edinburgh, and be in Cincinnati about the first of October prox.

LONGVIEW ASYLUM.—We are all justly proud of our asylum at Longview, so long under the management of Dr. O. M. Langdon; but we fancy very few, comparatively, of our citizens have ever taken the trouble to see for themselves the completeness and correctness which characterize the institution; and probably more people in Boston can speak intelligently of our asylum than in Cincinnati. We had the pleasure, recently, of dropping in upon the Doctor, and taking a look through the asylum and over the grounds. Many improvements, inside and outside, were apparent since our last visit, giving gratifying evidence that the institution will not be suffered to get on the back ground. As usual, we found the same scrupulous cleanliness and order, throughout every part of the establishment, as always characterize it. The grounds are still receiving new touches, here and there, and some important additions are being made to the out-buildings. We trust our friends will not lose sight of this important and successful charity. With the increased demand upon its resources made by the burning of the "Central," Longview has now 550 patients.

THE INDIANA MEDICAL COLLEGE.—Some time since we noticed the organization of this new school. Since then we have received the regular circular announcement, and regret to find that it falls behind what we had a right to hope and expect from the high-toned gentlemen who are connected with the enterprise. For instance: the session will be the old "sixteen weeks;" the hospital advantages are limited; fees \$45; *occasional* lectures on diseases of the eye. We want no steps backward in medical education. Let us hope no more schools will be organized except with the evident purpose of giving *increased* facilities for education, and making the *requirements* more than ever rigid, rather than by any means, ever so slight, *inviting* students to a lax educational discipline.

MARRIED.

TAYLOR—SPEER—At Morris Chapel, June 10, by Rev. C. W. Ketchum, Dr. G. K. Taylor and Miss Edith Speer, daughter of Henry Speer.

In Memoriam.

On the 17th of June, 1869, ALDEN MARCH, M. D., Professor of Surgery in Albany Medical College, Albany, N. Y., aged seventy-four years, departed this life as full of honors as he was full of years. He was born in Sutton, Worcester county, Mass., in 1795. His early years were devoted to farm life; his "preliminary education" was obtained in the public schools, and his medical degree was obtained in Brown University, Providence, R. I. He immediately removed to Albany, N. Y., and at the age of twenty-five years commenced the practice of medicine. One year later, 1821, he commenced teaching anatomy in the attic of an old building, and continued to teach, from year to year, till, by his exertions, in connection with those of Dr. Armsby, a charter for a college was obtained, and first put in operation in 1839, in which he labored till the day of his death—eighteen years in preparing the community for the establishment of a medical college, and thirty years as a teacher in the college. He established, also, the Albany City Hospital. He received the highest honors in the gift of the profession in his election as President of the American Medical Association, the meetings of which he attended regularly. We met him in New Orleans in May last, and although he was more feeble than usual, we little expected to record his death so soon.

Dr. March was the cotemporary and friend of my honored father, and showed his friendship for the children of his friend. In the early days of our career he encouraged and strengthened our purpose, by his urbanity, his enthusiasm, and his untiring devotion to the noble profession to which he had consecrated his life. He strove to improve himself, and to advance the interests of the profession at large. He was no hypocritic croaker over the degeneracy and low estate of the profession; he believed in progress, and contributed to it. And "he rejoiced as a strong man, that had run a race" as every christian gentleman does, who "has heart within," "and God o'erhead."

Let this beautiful life allure our steps to the pathway it has trod and "may our last end be like his!"

W. H. M.

DR. SOLOMON MORDECAI died at Mobile, Ala., May 7th, 1869. Dr. Mordecai was one of the oldest and most respected of the Mobile physicians, having been in practice there for nearly half a century. He was one of the large and well-trained class of useful medical gentlemen sent out from the office of the late Joseph Parrish, of Philadelphia, who is remembered with affection as a practitioner and private teacher of great worth.

DR. CHARLES D. MEIGS died in June, ult., at his residence near Media, Pa., in the seventy-eighth year of his age. Dr. Meigs has occupied a prominent place in the teaching of obstetric medicine in America. He was genial, eccentric, and attractive as a teacher, and but few men held the sway he did in his department as a safe and wise counselor in this country; so that during the war the lines were opened to permit patients to seek his advice. The profession meets with another sad loss in his death.

Business Notices and Acknowledgments.

NEW BOOKS.—*Soelburg Wells* on the Diseases of the Eye. H. C. Lea.

Soelburg Wells on Long, Short, and Weak Sight. Lindsay & Blakiston.

Thomas on Diseases of Women. H. C. Lea.

Holmes on Surgical Treatment of Children's Diseases. Lindsay & Blakiston.

Downes on Chemistry. H. C. Lea.

TO SUBSCRIBERS.—Frequent miscarriages of money make it proper for us to repeat, that we hope, *so far as possible*, remittances will be by post-office order, and in all cases where a return receipt is not received, that the subscriber will *at once* advise us. Where post-office orders are not to be had, *we assume* the risk of loss.

Once more, also, we take occasion to say that a large number of

those enjoying the monthly visits of the *Lancet and Observer* are in arrears to this office, and we are ready to receive the amount with grateful emotions. "Many a mickle makes a muckle."

LITERARY EXCHANGES.—*Harper's Magazine*, for August, is out, and continues to sustain its high order of character. It is one of our national features, as well as national indispensables. For sale by all periodical and book dealers. Thanks for missing numbers.

Ticknor & Fields continue to issue with promptness their various serials. *Atlantic*, *Every Saturday*, and *Young Folks* are always on our table with regularity.

DR. A. M. JOHNSON has gone into the drug business. See his card elsewhere. He is a reliable gentleman, and if any of our friends in the country desire commissions filled, in the way of either drugs, instruments or books, he will attend to it for them with care and intelligence, cheaper than they could do it for themselves.

AN ORDER for one of Palmer's Patent Legs for sale at this office at a bargain.

Reviews and Notices.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M. D., Professor of Obstetrics in the College of Physicians and Surgeons, New York, etc., etc. Second edition, revised and improved. Philadelphia: Henry C. Lea. 1869.

This is a new and revised edition of a work which we recently noticed at some length, and earnestly commended to the favorable attention of our readers. The fact that, in the short space of one year, this second edition makes its appearance, shows that the general judgment of the profession has largely confirmed the opinion we gave at that time. In so short a time, however, it can scarcely be expected that very material modifications could be introduced. The work is essentially the same, but we notice some minor imper-

fections of the former edition have been remedied, and some entirely new matter added. as, for example, a very excellent chapter on *Chlorosis*. The work is well published, profusely illustrated, and contains a large amount of fresh and practical matter. For sale by Blanchard & Co. Price, \$5.75.

A Hand-Book of Uterine Therapeutics, and of Diseases of Women. By EDWARD JOHN TILT, M. D., Member of the Royal College of Physicians, etc., etc. Second American edition, thoroughly revised and amended. New York: D. Appleton & Co. 1869.

The work before us has long been known to the American profession, at least that portion of it devoted to the study of diseases of women, as a very valuable book. That, however, which is peculiar to the present edition is the fact of its being prepared especially by its author for issue by an American publisher; and probably the chief excellence of Mr. Tilt as an authority is his manifest disposition to make therapeutics and hygiene available in the management of uterine affections, in opposition to the latter-day tendency to surgical resorts. The introductory chapter on the general management and examination of patients is peculiarly practical. The following chapters on Surgical Appliances—Dietetics, Tonics, Sedatives, Caustics, etc., etc., are severally and equally instructive to the old practitioners, as well as the new student. The style of this work is very pleasing. The author runs along in the consideration of his several topics naturally and clearly, and with that agreeable spice of illustration and vivacity that charms the reader from the beginning to the end of the book. Messrs. Appleton have given their usual care to the mechanical execution, so that in all respects it is all that can be desired. For sale by R. W. Carroll & Co. Price, \$3.50.

Birch on Constipated Bowels (third edition) is the title of a neat little monograph laid upon our table.

Although small, it might have been made smaller without detracting from its value. As the author indicates in his preface, he dwells more upon the *moral* aspects of the condition than is usual in medical works, and he might have added, discusses his subject, especially its pathology, with less thoroughness and precision than is generally expected in a monograph. Although it contains little, not found in smaller compass in any standard work on diseases of the digestive organs, yet the book is very readable and of value to any one who may not possess a good treatise on the subject.

W. K. P.

UNIVERSITY OF LOUISVILLE.

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THE next regular session will commence on the first Monday in October, and continue until the first of March.

A preliminary Course of Lectures, didactic and clinical, will commence on the second Monday in September, and continue until the regular session begins.

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UNIVERSITY OF BUFFALO.

MEDICAL DEPARTMENT.

SESSION OF 1869-70.

THE ANNUAL COURSE OF LECTURES in this institution commences the first Wednesday in November, and continues sixteen weeks.

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THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D., EDITOR.

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Original Communications.

ART. I.—*Encephaloid of the Pons Varolii and Medulla Oblongata.*

By FREDERIC WEIDLER, M. D., Cincinnati.

In the beginning of September, 1867, E. Sch——, a little girl seven years of age, was brought to my office on account of severe attacks of vertigo. For several weeks these had been accompanied with headache, very restless sleep, and frequent vomiting, even when no food had been taken. Day by day the dizziness had increased in severity, so as to make it difficult for the child to maintain the erect posture. Yet the little patient refused to remain in bed, as if the vertigo was aggravated by the recumbent position; she rose with the first, and wandered restlessly about all day, holding fast to her mother's garment.

An examination revealed the following:

Present condition:—For her age the child appears fully developed, but is somewhat pale; does not look unintelligent, and inclines her head slightly to the right. The left eye is affected with internal strabismus. Both pupils react equally well. There is slight relaxation of the right side of the face, and the right angle of the mouth is a little depressed. The tongue, when projected, deviates to the right. Articulation is distinct, and ques-

tions are correctly answered. Some weakness is exhibited in the right lower extremity, and the gait seems insecure. Though the pulse is small, it is otherwise normal. Other functional disturbances have not been observed.

From the history nothing of importance can be gleaned. There is no hereditary predisposition to nervous affections. Both parents are sound. They think they have observed that the patient was always somewhat stiff in the back, and could not jump the rope like other little girls. She was liable, also, to frequent attacks of anger. With the exception of a fall upon the head from a chair, two or three years previously, no traumatic injury had taken place. The child went to school and learned her lessons well until lately, when she had become somewhat forgetful. Sometimes she was subject to an unconquerable disposition to sleep, on several occasions fell into a sound sleep in school, and was repeatedly kept at home on this account.

The little patient having been put under my care, I placed her on symptomatic treatment, and observed her closely; but it was soon evident that the symptoms were slowly but steadily augmenting in severity with but very slight variations. After the lapse of six or eight weeks, I expressed my fears to the parents, that the case would probably prove to be a hopeless one, and advised a discontinuance of all medication. The case now went into other hands. Medical aid proving unavailable in the course of the following three or four weeks, the case, like nearly all incurable ones, fell into the hands of quacks, who generally pocket for their maltreatment the reward of the physician. On the advice of quack No. 1, who saw nothing but the strabismus, the child was taken to quack No. 2, who operated (*horribile dictu!*) on the left eye, although the patient was already completely paralyzed on the right side. A few weeks after the operation the condition of the child was about as follows:

The patient can no longer leave her bed, on account of complete paralysis of the right side. While both the superior and inferior extremity of the right side lie motionless, the child moves those of the left side automatically, frequently striking her head with her left hand so severely as to be most painful to behold. The head is now strongly inclined to the right. The left conjunctiva is injected and suppurating. The pupils react tardily. The expression of the face is very stupid. The faculties of sight and hearing do not appear to be much altered, as the patient seems to hear and

recognize surrounding persons. The right angle of the mouth is now much lower than formerly, and constantly emits large quantities of saliva. The tongue moves very heavily, causing very indistinct articulation. Deglutition is very difficult, and fluids often enter the larynx. Nutrition has suffered considerably. The urine is voided unconsciously and at irregular times—hence could not be examined. Constipation is exceedingly obstinate, and can hardly be overcome once a week by injections. These symptoms constantly increasing, the child succumbed to its sufferings on the 11th of February, 1868.

Sectio calaceris (twenty-two hours after death).—*Rigor mortis* insignificant. Body much emaciated. Right angle of the mouth still on a lower plane than the left. The integuments and bones of the head exhibit nothing abnormal.

The longitudinal sinus is filled with blood. The convolutions are somewhat flattened and moderately pressed together. On removal of the brain after severing the medulla as low down as possible, a very considerable new formation occupying chiefly the left side of the pons and medulla came to view. This is much lobulated, soft to the touch, and no where distinctly separated from the mass of the pons and medulla. To the naked eye it presents the characteristics of infiltrated encephaloid. The pons, which presents a coarse fibrous appearance, is enormously enlarged—nearly three-fold. The medulla oblongata seems shortened, is much displaced to the right, and somewhat twisted on its axis. On the right side the corpus pyramidale is but slightly visible. The left crus cerebelli is considerably enlarged, and the corresponding hemisphere of the cerebellum is displaced outward and backward, and is perceptibly smaller than the right one. The crura cerebri have a markedly oblique direction from left to right. The course of the cerebral arteries is irregular, and the basilar artery, a short distance from its commencement, is almost wholly overlapped by the tumor. The left trochlear nerve is much elongated and stretched. On the same side the trigeminus nerve is considerably displaced upward and outward. The left abducens seems to have been utterly consumed by the cancerous mass. The facial, auditory, glosso-pharyngeal, pneumogastric, spinal accessory, hypoglossal, and first cervical nerve, are all more or less stretched and displaced upward and outward. With the exception of the left abducens, none of the nerves appear to have suffered textural change.

The examination of the cerebrum does not disclose any important deviation from the normal condition. The right lateral ventricle seems somewhat elongated and expanded, and both ventricles contain a moderate amount of clear serum.

COMMENTARY.

1. The first symptoms of disease appeared some six or seven months ago without any obvious cause, such as traumatic injury.

2. Vertigo, the most constant symptom of tumors of the brain, was present also in this case, and was the first and principal cause of complaint.

3. As to the presence of headache, the little patient could make no definite statements; but it must be concluded to have been very severe, as the child very often struck its head.

4. The paralysis pointed distinctly to a lesion of the left lateral portion of the pons and the left hemisphere of the cerebellum.

5. In the course of the severe disease the most conspicuous objective disturbances appeared in the parts supplied by the following nerves: abducens, facial, glosso-pharyngeal, vagus, spinal accessory, and left hypoglossal, while the function of the auditory was not markedly disturbed, although the pons, at the place of its exit, is much degenerated. Not rarely has it been observed that nerves, so long as their elementary parts remain intact, can endure a considerable amount of pressure and extension without exhibiting any extraordinary functional derangement.

On Long, Short, and Weak Sight, and their treatment, by the Scientific use of Spectacles. By J. SOELBERG WELLS, Professor of Ophthalmology in King's College, London. Third edition. Philadelphia: Lindsay & Blakiston. 1869.

The title page of this beautiful volume quite well expresses the character of the work. Its several chapters treat of the Accommodation, Range of Accommodation, Myopia, Purleyopia, Hypermetopia, Astigmatism, etc., etc., with a special chapter devoted to the consideration of the use of spectacles. The volume is well printed on heavy, tinted paper, and will be very acceptable particularly to those engaged in the special care of this department. For sale by Robert Clarke & Co., Cincinnati. Price, \$3.00.

ART. II.—*Case of Intestino-Vesical Ulceration opening a Communication between the Bladder and Small Intestine, about six feet below the Stomach—Subject, a man aged 53 years, of naturally healthy Constitution, but for many years affected with Piles and Costiveness, and for several years addicted to free use of alcoholic stimulants. General Health impaired for several years, and greatly impaired over one year. Passage of Gall Stones about eight months before Decease. Duration of Disease after Communication between Intestine and Bladder, three weeks. Maternal Grandmother died of Cancer; no other Hereditary Tendency known or suspected. Intense Suffering.*

At Autopsy no Concretions found in Intestine or Bladder. No Gall Stones in Gall Bladder. No Indurations about Edges of Ulceration. A Slight Adhesion of Rectum to Bladder, but no Ulceration at that point.

By ADAMS JEWETT, M. D., Dayton, Ohio.

J. G. S —, subject of the case, was born June 16, 1816, in Dayton, Ohio, where he resided till his decease, May 25, 1869. I knew him well during the last twenty-five years of his life, and for the last ten or twelve years was his usual medical attendant.

His parents were healthy, and no hereditary tendency to disease was known or suspected, except that his maternal grandmother died of cancer. He was of medium hight, stout built, of a strong muscular development, weighing when in good health over one hundred and sixty pounds, of a fresh and healthy complexion, and until within a few years habitually enjoyed excellent health, with one exception, namely, that for many years—at least twelve or fifteen—he suffered from habitual costiveness and from piles, seldom going to stool without the aid of a laxative or an enema, and always with pain. I attended him twice for deep-seated phlegmonous abscesses in the neighborhood of the rectum. One of them was months in healing, but neither of them opened into the bowel. All this, however, seemed to have little effect on his general health, and he labored industriously with his own hands first, and for many years, at gun-smithing, and then at gas-fitting.

Some four or five years ago he put himself for treatment of his piles into the hands of an itinerant *piles doctor*, whose treatment seems to have consisted in the repeated application of nitric acid. Mr. S — uniformly averred to the last, that he derived great

benefit from the treatment—that going to stool ceased thenceforth to be to him that terror and torture which it had been for so many years previous. But there was no improvement as regarded his costiveness; he was still obliged to have habitual recourse to laxatives or enemata as before.

About seven years ago, Mr. S——, having acquired a moderate competency, not only gave up laboring with his own hands but retired from active business, and ceased to have any regular employment whatever. This appeared to exert an injurious effect upon his habits. Never a practitioner of total abstinence, though hitherto always what is ordinarily called temperate, he now indulged habitually in the use of intoxicating drinks, though rarely to the extent of inebriation. The loss of his wife and only child, about two years later, seemed also to exert an unfavorable influence. His appearance soon plainly indicated that his general health was becoming seriously impaired, and he made frequent complaints of his “liver being out of order,” and of uneasiness and pains in his stomach and right hypochondrium. In 1865 he suffered much from irritation of the rectum, and a deep seated abscess formed in its neighborhood. During 1866 and '67 he was all the time ailing, and was repeatedly prescribed for by me, both at my office and at his residence. Late in autumn or early in the winter of 1867 he went South, partly for his health, partly on business. While there he had at Christmas a violent attack of what was called colic, and from what he told me of the attack I now think it probable that he then had a passing of gall stones. In the early part of 1868, though still in miserable health, he again engaged in business as a member of a varnish manufacturing company and personally assisted to a very limited extent in the manufacturing process, though principally attending to out-door operations. In April he consulted me at my office for pains in his right side and stomach, saying that they were frequently so severe as to force him to sit down by the way as he was returning from his business, and sometimes to go into a grocery, to take a glass of spirits for no other purpose than to relieve the violent pain. In June and July, I prescribed for him both at my office and at his residence. Nearly all this time he was up and about, seldom confined to the house and still more seldom to the bed, but he never felt well, never looked well, was evidently feeble and complained much of pain.

On the 29th August, he consulted me at my office and at a later hour the same day sent for me to visit him at his house. I found him suffering with excruciating pain in the right hypochondrium and in the epigastrium. The pain was constant, but of a paroxysmal character, sometimes so violent that it would seem impossible that any agony could be greater, and then it would partially subside, soon to return again in the greatest intensity. His surface was cold and bathed with perspiration, pulse slow. There were nausea and vomiting. These severe paroxysms continued till he was brought under the influence of a sufficient opiate. I presumed that the pain was caused by the passage of gall stones, and thenceforward all his stools were carefully examined.

For over a week not a day passed without similar paroxysms, and on the 5th of September he suffered more excruciating pain, if possible, than at any time previous. On the ninth he was seen in consultation with me by my brother, *Dr. H. Jewett* and *Dr. John Davis*, of Dayton, who both expressed the opinion that the symptoms indicated the passage of gall stones.

Some days thereafter a gall stone was vomited up, and a few days subsequently gall stones began to appear in his stools, and within a week some sixteen or eighteen were found—none at any later period, though watch continued to be kept for them for a long time.

These gall stones were subjected to a sufficient chemical analysis to make it certain that they were in fact gall stones, composed principally of cholesterine. They were of a remarkably uniform size and appearance. The surface nearly black, without polish, without facets; the interior of a light color; nearly all of them globular, with a diameter of one-fourth of an inch (only one was measured); a few of them elongated, apparently made up of two globular ones pressed together, the point of union being marked by a depressed line surrounding the elongated calculus in the middle. The short diameter of one of these elongated calculi measured one-fourth of an inch, the long diameter three-eighths.

During the entire month of September, I visited him daily at his house, my brother seeing him in consultation with me several times. Afterward, until past the middle of November, Mr. S—generally consulted me at my office. From about the middle of September he no longer had such violent paroxysms, but still made almost constant complaint of pain in his right side and stomach, with paroxysms more or less frequent, more or less

severe. This continued to be the case so long as he then remained under my professional care, that is, until a little past the middle of November.

During the period above sketched, that is, from the end of August to the middle of November, there was no enlargement in the right hypochondrium; nor tenderness on pressure there or in the epigastrium, or in any part of the abdomen. There were at no time any febrile symptoms, no heat of skin, or thirst, or frequency of pulse. The pulse on the contrary was often very slow. There was diminution, but never entire loss of appetite, except during paroxysms of pain. Nausea and vomiting only in connection with the paroxysms of pain. Bowels always responded to mild laxatives or enemata—stools of a “mushy” consistence, never molded; color never yellow, nor yet white, but always ashy, unless rendered dark-colored by some ferruginous medicine. Urine, perhaps in usual quantity, generally yellower than natural, sometimes slightly brown, always acid. Carefully tested twice in September, it was found to contain no bile, no albumen, but lithates in excess. Skin and conjunctiva at times slightly but never much jaundiced.

In the way of treatment, opiates were relied upon to control the pain, were freely used in the paroxysms, and were well borne. By turns an alkaline treatment, and nitro-muriatic acid internally and externally were tried. Mercurials were never resorted to beyond an occasional dose. Tonics in some form were employed almost constantly, and he was all the time encouraged to make use of a supporting diet.

Things having gone on in this way till a little past the middle of November, with little apparent change, Mr. S——, who had been very despondent all the time, now became completely disheartened and concluded to dispense with my further services—putting himself at first under charge of my brother, and then of *Dr. J. C. Reeve*, of Dayton.

On the 6th April following (April 6, 1869), after an interval of over four months, I was again requested by the patient to take charge of his case, and I continued thenceforward in constant attendance till his decease, on the 25th of May.

Upon my resuming attendance he informed me that during the entire period which had elapsed since I last prescribed for him he

had been a constant sufferer, seldom, if ever, entirely free from pain. But the pain, he said, had shifted from its old quarters—the right side and the stomach—and was now seated in the lower part of his bowels. Questioned as to the time when this transfer took place, he could answer nothing very definite, but said that it was not till he had been already a long time under treatment by his new physician, and of this he could be positive for the reason that when it did at last take place, it was by himself attributed to the treatment, and looked upon as of good omen, on the ground that if the remedies could thus dislodge the disease from one location, they might dislodge it from another, and ultimately expel it entirely. He said he had repeatedly spoken of it in this light to his sisters, and they assured me that they distinctly remembered that such was the fact. Several times subsequently—and particularly after the new developments of the 4th of May, following, to be given below—I renewed my attempts to fix the date with more precision, but never with any other results than above given.

The pain in its new location—the hypogastrium—he said, had been a nearly constant pain, with intervals, however, of comparative or even entire ease. There had been also all the time *paroxysms* more or less frequent, more or less violent—sometimes nearly if not quite as violent as those which attended the passage of gall stones—sometimes coming on abruptly, sometimes gradually; sometimes so brief that the physician sent for and arriving promptly would find that the pain had completely disappeared before his arrival, sometimes continuing for a length of time and going off at last gradually, as if yielding to the effects of an anodyne, aided perhaps by the local applications which were habitually resorted to on such occasions.

The above is a brief summary of the history of the case during the period that I was not in attendance, as communicated to me by Mr. S—— and his sisters at my visit of April 6th, and at subsequent visits.

On again taking charge, it was easy to see that there had not only been no improvement between November and April, but that things had gone from bad to worse. There was more emaciation, more debility, and the looks were more indicative of prolonged suffering and probably deep-seated organic disease. Mr. S—— was, however, still able to sit up, and until the 4th May, he continued to dress himself in the morning and sit up the entire day, reclining, however, much, and frequently, the greater part of the time on

the sofa, and until, the end of April he still occasionally walked out.

At my visit I found him complaining of pain in the hypogastrium and no where else. The pain did not at the time of this visit appear to be very severe, but at other visits I frequently saw him suffering intensely.

Requested to show with as much precision as possible the exact present seat of his pain, Mr. S—, instead of pointing at once to a particular spot, set about exploring as it were, pressing with much firmness with the ends of his fingers over the hypogastrium, and finally indicated a space some two inches above the pubes and near the mesial line, adding that the boundaries were not well defined, that the pain was sometimes higher up, sometimes lower down, just back of the upper part of the pubes, but always deep-seated, and sometimes shooting back into the rectum. In this new location he said his pain had now been seated for a long time, and here he said all local applications for the relief of the pain—(sinapisms and dry-heat being the two favorite ones)—had been uniformly made for a long time. To this location, and to no other, did he invariably refer his pain until the 4th May, following.

Moderate pressure over the hypogastrium occasioned no pain; and even when firm pressure was made, and he was asked whether it caused pain, he answered with hesitation as if in doubt. And at no time subsequently did he complain of pressure made at any point of the abdomen.

Interrogated as to the character of his pain, he said that he could not describe it, it was not burning, not darting, but *distressing*. And such was always his answer at subsequent visits.

About this time Mr. S—, having suffered so long and so much, and seeing no prospect of relief, became completely discouraged, and more than once threatened suicide. His family thinking that his malady was now perhaps more mental than bodily, suggested a consultation with *Dr. Richard Gundry*, Superintendent of the Southern Ohio Lunatic Asylum, and accordingly Dr. G. met me in consultation on the 20th April, and made a patient examination of the case with a view to ascertain if practicable the nature and seat of the disease, but without arriving at any very satisfactory conclusion. The patient being questioned by Dr. G. as to the seat of the pain, located it as usual in the hypogastrium and made no complaint of pain elsewhere—a fact which Dr. G. remembered distinctly when inquired of two months later as to his recollection

about that point. Dr. G. suggested some palliatives not hitherto used and a trial was made of them; but nothing except some preparation of opium was ever found truly reliable as an anodyne.

From the time of my resuming attendance on the 6th April, till 4th May, there was little marked change. Pain was nearly constant, always referred to the hypogastrium, and no where else, varying greatly in severity at different times. The paroxysms were frequent, sometimes light, sometimes so severe as to make him cry out in distress, with intervals free or nearly free from pain. During these intervals he would still read the newspapers and converse with interest about the news of the day and all ordinary topics. But as time rolled on, there was, on the whole, I think, an increase of pain, and a diminution of strength.

There were at no time, during this period, any febrile symptoms, no increased frequency of pulse, no heat of skin, no thirst. Always some relish for food. Neither vomiting nor nausea. Bowels, according to his habit, never moving except in response to a laxative or an enema, but readily responding to either, the enema being usually employed.

Urine in about usual quantity; rather high colored; clear when passed, sometimes throwing down some deposit on standing; no pain or difficulty in urinating, nor any unusual, certainly no marked frequency in this regard. Of this I can speak with the more positiveness, because my visits were so numerous and prolonged that it could not have escaped my notice, even if he had failed to make complaint. The only complaint which he did make in regard to urinary matters, during this period, so far as I remember, was once of some scalding of his water, lasting a few days, at which time he once found, or fancied he found, a drop of pus at the orifice of the urethra, though I could find nothing of the kind. He made, however, little complaint about the matter, but remarked pleasantly that if there was anything "bad," it could not certainly have come from any very recent "exposure."

During all this period his urine was uniformly acid, and there was never any albumen. In the early part of April my son, happening to be at home at the time, examined it twice and found lithates in excess, but no bile, no albumen.

In the forenoon of the 4th May, there was a new development. After frequent and severe paroxysms of pain, but probably neither

more frequent nor more severe than on many other occasions, it was observed that his urine, which had hitherto been natural in appearance at the time of being voided, now presented, as it flowed from the urethra, an unusual and strange appearance. It was not turbid, properly speaking, but heavily charged with amorphous particles and flocculi floating in it and soon subsiding to the bottom, leaving the supernatant liquid clear. The sediment thus deposited was in large quantity, occupying not less than a fourth of the perpendicular height of the liquid. On inspection, this sediment was noticed to contain, mingled with other matter, numerous particles, which, from their looks, were at once taken to be fig seeds (for Mr. S—— had been eating some dried figs a few hours before), and on comparing them with the seeds in one of the half-eaten figs it became certain that veritable fig seeds had been found in the urine. And it was regarded equally certain that they had been voided with the urine, because this was caught in a little queensware mug, holding about twelve ounces, which Mr. S—— had been using for some time previous as a urinal, and it was known that this mug was clean at the time that the urine containing the seeds was passed into it. Thus there remained no doubt that fig seeds taken a short time before into the stomach had entered the bladder and passed with the urine. Of course no other explanation was possible than that an ulceration had opened a communication between the intestine and the bladder. And the precise time that this communication had taken place could be determined to the very hour, by the simultaneous extraordinary change in the appearance of the urine. How long the ulcerative process had been going on it was of course impossible to decide, but its beginning probably dated back to the period when the transfer of pain took place from the right hypochondrium to the hypogastrium, a date, which, as above stated, it was found impossible to arrive at with precision.

Henceforward till his decease, which took place three weeks later, the urine presented a pretty uniform appearance, very similar to that observed on the first day of the communication between the bladder and intestine. The proportion of sediment, however, and the color of the supernatant liquid varied considerably at different times. The color was generally some shade of yellow, commonly deep yellow, but occasionally scarcely tinged, almost limpid, and at times brownish, like beer. The sediment never occupied less than one-eighth of the height of the liquid, generally

more, often as much as one-fourth and occasionally at least one-third. It appeared to be made up of amorphous particles, some very fine, others of considerable size, with a large admixture of flocculi which before settling gave a curdy appearance to the urine. The color of the sediment was generally whitish, some times yellowish, with brownish particles intermixed. A few days after the fig seeds were found, strawberry seeds were recognized in the urine, he having eaten of canned strawberries not long before, and once a flake presumed to be of the rhubarb plant. No other article eaten was recognized.

The odor of the urine was nauseating, and at times extremely offensive, but never had a proper *fecal* odor. I had frequent opportunities of comparing the odor of the freshly voided urine, caught in his urinal, with that of the feces passed at the same time into the chamber-pot or bed-pan. The latter always had the ordinary fecal odor, but the urine never had either the ordinary odor of urine, or that of feces, but one quite different, and more offensive. And here it may not be out of place for me to remark that the stercoraceous vomiting which it has fallen to my lot to observe in cases of intussusception and strangulated hernia, though having an odor of the most offensive kind, never to my olfactories presented the *fecal* odor—due as I presumed to the fact that the matters vomited came from the small and not from the large intestine, in which latter the odor termed *fecal* seems to be developed.

Subsequent to the 4th May, the urine, which had previously been uniformly acid, showed a decided alkaline reaction, except a few times when it was feebly acid. Such a reaction it seemed to furnish at the time it was tested by *Dr. David Judkins* of Cincinnati, on the occasion of his consultation visit in the evening of May 8th, at which time also, some of the urine boiled seemed to coagulate slightly—but as the urine was heavily charged with the sedimentary matter remaining mixed with it, and as the light was not favorable for inspection, the result was not considered very conclusive either as to acidity or the presence of albumen. Tested by me at other times both by heat and nitric acid, no albumen was found, or at most, only a trace.

Some of the urine was subsequently sent to *Dr. Judkins* for examination, and reached him only after considerable delay and in a state of partial decomposition. He reported that it contained particles of undigested food and pus corpuscles.

About a week after the opening of the communication between

the intestine and bladder, I sent some of the urine also, to my son *Henry S. Jewett*, student of medicine in the University of Michigan, and for the last two years assistant in the Chemical Laboratory of that Institution, to be by him examined, and I requested him to observe whether it furnished any indications of cancer, since Mr. S——'s maternal grandmother had died of that disease. In the examination he was kindly aided by *Dr. Preston B. Rose*, Assistant Professor of Chemistry in the University, and the urine was subjected not only to one of the microscopes of the Laboratory but to the more powerful one of Prof. Winchell. My son reported the finding of particles of undigested food, of oil globules, of numerous pavement epithelial scales, but no pus corpuscles, no cancer cells—lithates in normal quantity.

I regret that a careful examination both microscopical and chemical of the urine was not made at short intervals during the entire illness, and especially after the communication was established between the intestine and the bladder. This might perhaps have furnished indications of value as to the nature of the disease, whether benign or malignant. It might perhaps have determined approximately, in advance of the autopsy, at what point of the intestine the communication with the bladder took place.

To complete what relates to the urine it may be well to add here that the quantity passed at any one time subsequent to the communication between the bladder and intestine was very small, as might have been anticipated from the fact that the patient was forced to urinate at very short intervals, indeed, almost constantly. Often there were but a few drops, seldom more than a few spoonful. After rest procured by an anodyne I think I have seen him pass nearly, if not quite a gill, but very seldom so much at any one time.

As to the entire quantity voided in the twenty-four hours, it varied greatly. It was always carefully kept for my inspection, but I never actually measured it but twice, and then each time what was passed in the space of about twelve hours, and I was led to do it then by the very unusual quantity. One of those times (the 11th May) there was a little over two pints, the other time (the 13th) a little under two pints—this last urine extraordinarily charged with sediment, very dark-colored, and extremely offensive. But as a general rule, the quantity was certainly much less, frequently, I should think, under a single pint in the twenty-four hours. But it is proper to remark that the quantity voided

was no sure criterion of the quantity secreted, because more or less of the urine found its exit from the bladder by way of the intestine, as will be shown below, and more or less of the liquid excreted per urethram, doubtless had its source all the time in the intestine.

Simultaneously with the opening of a communication between the bladder and intestine, there arose a new train of symptoms of great violence due apparently to the interchange of the contents of the two viscera. It seemed as if the contents of the intestine on entering the bladder acted like an acrid poison, creating at once great irritation, speedily followed by violent inflammation.

Previously, Mr. S— had urinated with only normal frequency, certainly there had been no such frequency as to attract either his own notice or that of others. Now he was tormented with an unceasing, irresistible necessity to urinate. There was literally not a moment's rest. Previously, the act of urinating was unattended with pain. Now it was constantly attended with pain, often with pain so extreme as to make him cry out in agony. Previously, he referred all his pain to the hypogastrium. Now, the pain in that quarter had either disappeared or had become comparatively so light that he ceased to mention it. He now complained of nothing but the penis, or rather I should say the glans-penis, for though when closely questioned as to whether there was absolutely no pain except in the glans, he would say that there was also some soreness in the body and at the root of the penis, yet he himself, to the best of my recollection, never once actually made complaint except of the glans. During the remainder of his illness he uniformly spoke of this pain in his penis as an entirely new development, something which he had never previously experienced. And his devoted attendants assured me, both before and after his decease, that he had never previously made any complaint in that direction.

His sufferings, all the time great, except when under the influence of an anodyne, often extreme and painful to witness, continued from the 4th till the 25th of May, when nature exhausted gave way, and the repose for which he often begged came at last.

In the evening of the 4th, the day that the communication between the bladder and intestine was opened, the urine ceased to be discharged through the urethra and none passed for a little over forty-eight hours, though, except when under the influence of an anodyne, he was forced to almost incessant efforts to urinate

and complained of excruciating pain. Careful exploration of the hypogastric region showed that there was all the time no accumulation in the bladder. Two weeks later there was again a complete stoppage, lasting twenty-four hours. By what the stoppage was caused in either case, I do not undertake to say, perhaps by flocculi obstructing the urethra. With these two exceptions he continued to discharge urine at short intervals, very short indeed, when not lengthened by an anodyne, till within twenty-four hours of his decease, when he lay almost unconscious, discharging little if any urine.

Very soon after the communication was opened, decided febrile symptoms manifested themselves for the first time. Thirst, heat, and dryness of skin, followed at times by copious perspiration, pulse frequent and finally hurried. This continued with more or less violence till the end.

On the 8th May he was seen in consultation with me by *Dr. David Judkins* of Cincinnati, and by my brother. To *Dr. Judkins's* inquiry as to the seat of his pain, he replied that it was in the glans-penis; and when asked to describe the pain, he said it was as if he *must* urinate and yet could not. *Dr. Judkins* said that it was evident that the interior of the bladder was violently inflamed, and suggested palliatives not yet tried. But the termination he regarded as inevitably fatal and not far distant.

On the 9th May, Mr. S—— sent for me in much alarm at finding intestinal gases pass per urethram. This was a frequent occurrence during the remainder of his illness.

Previous to the 4th May, Mr. S——'s strength, though greatly reduced, had sufficed to enable him to sit up or recline on the sofa the entire day, but from this time he was entirely confined to his bed, and emaciation made much more rapid progress than at any time before.

There was relish for food till near the end, and he continued to use a nutritious diet, choice being made of such articles of food as leave but little residuum. There was neither nausea nor vomiting. The abdomen was flat, and there was never any superficial tenderness. No laxatives were used during this latter period, but occasionally an enema was administered to which the bowels always responded readily. The stools were of a "mushy" consistence and of a grayish color. About a week before decease there was a decided tendency to diarrhœa, the stools being very offensive. Hiccup was frequent, but the spells were neither very prolonged

nor violent, and they seemed to distress him in mind more than in body, he often mentioning that a deceased brother had suffered much from that symptom in his last illness.

Intellect remained perfectly clear till in the last hours, except that it was occasionally disturbed for a short time by an anodyne.

In the way of treatment nothing was attempted in this last period of his illness except palliatives. Opiates proved the only reliable anodyne and were generally well borne.

AUTOPSY

Made about eight hours after decease in the presence of *Drs. H. Jewett, John Davis, H. K. Steele, T. L. Neal, Richard Gundry, W. J. Conklin, and — Claggett.* *Drs. Gundry and Neal* kindly made the dissection, and the brief memoranda below were submitted to their inspection and approved by them as correct.

Marked cadaveric rigidity. Considerable but not extreme emaciation. Abdomen flat, or rather sunk.

Abdomen opened by an incision extending from sternum to pubes with cross incisions at level of umbilicus.

No indication of peritoneal inflammation.

Adhesion of small intestine to posterior part of body of bladder. At point of adhesion an ulceration opening a communication between interior of bladder and intestine. Wall of bladder at and near the ulceration so softened as to give way on slight traction. No induration at edges of ulceration. Bladder contained a small quantity, perhaps half a pint, of very dark colored urine. Interior of bladder of a dark red color, approaching mahogany or chocolate.

Concretions and other foreign bodies and indurations sought for in vicinity of ulceration, but none found.

The point of adhesion of small intestine to bladder was about six feet below pyloric orifice of stomach.

Another slight adhesion of posterior part of bladder to rectum, but no ulceration.

Gall bladder of medium size, not opened, but carefully explored by feeling on the outside and no hard substance felt within.

REMARKS AND QUERIES.

The autopsy, as is sufficiently apparent from the above meager memoranda, was hastily made and very incomplete; as is unfortunately, too generally the case in private practice. The dissection extended no farther than is indicated above. Size of liver considered to be normal; pressed with the finger it seemed to be of usual consistence; color (to my eye) of an unusual bluish cast.

The autopsy may be said to have really decided but one point: the precise location of the communication between the intestine and the bladder—for of the existence of the communication there had been no doubt, nor was there any doubt as to the violent inflammation with which the bladder was shown to have been affected. Little, if any, light was thrown upon the origin of the ulcerative inflammation. Was that inflammation caused by a biliary calculus temporarily lodged at the point of ulceration? Cases are on record showing that ulceration of the intestine has been caused by the lodgment of biliary calculi, of plum-stones, cherry stones and the like. Was it lighted up by some other irritating cause acting upon a constitution seriously impaired and disordered by the use of alcoholic stimulants? Was it of a cancerous nature? His maternal grandmother died of cancer. If of a cancerous nature, what determined its development at that particular point? But, perhaps the ulcerative inflammation may have had its starting point, not in the intestine but in the bladder? Against this hypothesis would seem to militate the fact that there were no prominent symptoms even of vesical irritation, much less of vesical inflammation until after the opening of the communication between the bladder and intestine. Other questions of interest in a scientific point of view, but of little or no importance therapeutically, suggest themselves, but I forbear obtruding them.

ART. III.—*Report of Case of Excision of Fourth, Fifth and Sixth Ribs.*

By H. J. HERRICK, late Surgeon 17th Regiment O. V., Professor of Principles and Practice of Surgery, Charity Hospital Medical College.

Cases of excision of any portion of a rib, with or without opening the thoracic cavity, are of such rare occurrence as to make a statement of the following case one of some general interest.

The subject of the operation is Lieut. Colonel Frank Lynch, late of the 27th regiment, O. V. He was, when in full health, before receiving his wound, 5 feet 9 inches in height; weighed on an average 165 pounds; dark complexion, bilious temperament, or perhaps "bilious encephalic."

On the 22d of July, 1864, when the enemy before Atlanta concentrated their forces on our left, with one desperate effort to turn the flank of our army, which was then so surely tightening around the Gate City of the Confederacy, Colonel Lynch was in command of the regiment, directing its movements, when he was struck by a Minie ball, which entered about midway of the anterior margin of the right shoulder-blade, passing through the pleural membrane along the thoracic cavity, lodging just beneath the integument to the left of the sternum, at about the junction of the sixth rib. By a simple incision the ball was removed. The edge of the scapula and two ribs, were injured by the ball in its course. The sixth rib had been fractured, and the fourth rib so injured by the passage of the ball, along its inner surface, that necrosis had followed. His wound was at once considered fatal, and orders were issued, lamenting the loss of so valuable an officer and brave man. He was removed to the field hospital at Marietta, Ga., where the ball was removed, and such other surgical attention given as seemed to be indicated. There the wound was examined by a number of surgeons, all giving it as their unquestioned opinion that he could not recover. After the capture of Atlanta, he was removed there, where he remained until October 21st, when he was sent to Chattanooga, where he remained at Hospital No. 1, he being unable to endure further movement. At Chattanooga he remained until January 14th, 1865, wasting gradually under the exhausting suppuration and discharge from the front opening, when he was taken to Nashville, where he remained until the 14th of February, when he received a leave of absence to go to his home in Cleveland, O., to await his discharge from the army, or as was supposed, soon his final discharge from bodily suffering.

He was transported all the way on his bed, being unable to walk, or even to stand. He was so exhausted on reaching home that his friends thought his days but short. However, under the careful and faithful nursing from his wife, and the improvement of his diet, he rallied and improved so as to be able to sit up and even ride out, the profuse discharge still continuing.

About the 1st of August, a very decided change was manifest.

The attending surgeons expressed no hope for his recovery, or even for his life but for a short time. The right arm was perfectly powerless, the discharge continuing profuse; a raging hectic fever continued five or six hours during the twenty-four. The air entered but a small portion of the right lung, the lower portion of it, especially below the wound, being in a state of hepatization. He continued thus, drawing out a hopeless existence during the months of August and September.

About the 1st of October, I was called to see him, and found the general condition as stated. Little or no vesicular murmur could be observed in the right lung. The upper portion of the right side was flattened, whilst the lower portion was full and apparently unusually so, as if an accumulation of pus had formed; the pulse was rapid and weak; breathing hurried, and confined to the left side.

On examining the wound by a long probe passed through the opening at the sternum, a long canal seemed to connect with a cavity near the point of entrance of the ball, and on more careful exploration, the end of the probe was observed to strike denuded bone which seemed quite extensive. After careful examination and counsel with Dr. M. L. Brooks, the conclusion was reached that the ball in its course had injured the ribs, and that the diseased condition of these ribs was keeping up the discharge which must eventually result in exhausting the powers of the patient. I suggested the possibility of removing those diseased ribs, and thus remove the causes of the prolonged suppuration and give the patient the only hope of final recovery. The severity of the operation was considered, and the ability of the patient to withstand so severe a shock in his already exhausted condition.

In an operation of this character, involving so extensive an opening of the thoracic cavity and so great exposure to such important parts as the lungs and pleura, we had not an extensive light from others' experience. The operation has been called so unusual as not to have been entitled to a consideration. These facts were all fully considered, after which the conclusion was reached that the only hope for the patient rested upon the operation. Hence, the operation was agreed upon by the consent and request of the patient, after explaining its object and dangers.

Wednesday, October 11, 1865, the operation was performed, Drs. Shelden and Brooks assisting. An incision was made along the fourth rib, about the middle third in length, down to the rib.

The periosteum was separated easily by the handle of the scalpel; after which the chain-saw was passed around the rib and the middle third removed. The inner surface was found roughened. By a careful examination through the opening now made by the removal of this portion of the fourth rib, I found that the probe introduced through the sternal opening, also struck the sixth rib near the point where the ball entered; that rib also was found splintered and roughened by spicula of bone. Hence, it was removed through another incision, as it was impossible to remove it through the opening already made. The diseased portion, about three inches in length, was removed in the same method as the fourth. The fifth rib, though slightly denuded, it was thought would be repaired.

Of course the patient was much exhausted, as the operation necessarily consumed a good deal of time from the difficulty of passing the chain-saw around the ribs. I found this part of the operation much more difficult than it would at first seem to be, as at this point, the greater curve, the ribs lay very close together.

On exploring the cavity it was observed that the ball did not pass through the lung, but traversed its course through the pleural cavity. The pleura was much thickened and strong adhesions formed along the thoracic cavity below the point of injury. Quite an accumulation of pus had taken place, which was not thoroughly drained off through the old opening. The upper portion of the lung was considerably compressed. But little air, as has been said, entered the lung, though the movements could be seen distinctly during inspiration and expiration. The lower lobe of the lung was in a passive state of hepatization, or more probably, carnification. The wound was carefully closed with silk ligature and strips of adhesive plaster, except the lower portion of the lower incision, which was kept open by a tent for drainage. The patient rallied from the effects of chloroform well, but suffered excessively from the usual vomiting after protracted anesthesia. Anodynes were given, and effervescent drinks for allaying the vomiting, which continued for about twenty-four hours.

October 11, the day after the operation, the patient had rallied well and felt cheerful. October 12, removed the tent from the wound when a large quantity of serum and pus was discharged. Warm disinfectant injections were used through the sternal opening, which were discharged through the lower incision; the pulse ranged from 106 to 100; the vomiting had entirely ceased and

patient felt very comfortable. He made gradual improvement in all his symptoms from day to day. Free injections were made through from one opening to the other, a complete drainage and cleansing of the entire cavity was thus secured.

He received, after reaction from the operation, persistently, the most vigorous tonic treatment, as rare cooked beef, cod-liver oil, and the following:

R.—Tinct. Ferri Mur. ʒ iv.

Quinia Sulph. ʒ iss.

Potass. Chlor. ʒ ii.

Syr. Limonis, } āā ʒ iii.

Aqua Cinnam. }

M.—Dose a teaspoonful four times a day.

Different comments were made as to the propriety of the operation; also some censure, speaking of it as "hopeless torture to a doomed victim." The *success* of an enterprise, though daring, shields one from a torrent of rebukes.

It became evident after a short time, that the fifth rib was so diseased as not to heal. Also, the remaining anterior portion of the fourth. Hence another operation became necessary. About the last of November the last operation was performed, when the remaining anterior portion of the fourth rib was removed, making about two-thirds of the entire rib, and about one-third of the fifth rib. This operation was comparatively easy and consumed little time. The patient rallied rapidly from it, and commenced a more rapid progress toward recovery. Since that time he has been gradually improving, the amount of discharge diminishing, the pulse gradually approaching a normal rate, and other febrile symptoms gradually subsiding. The cavity in the chest, which was extensive, has slowly filled, and the wall of the chest become flattened so as to conform to the condition of the lung, which continues nearly in the condition as before the operation. The vesicular murmur can be distinguished in the back of the lung, also slightly in the lower lobe at the anterior portion, though the larger portion of the lung remains permanently impaired. The process of repair in the wound was stimulated, from time to time, by applications of nitrate of silver and sol. iodine. The improvement of the patient was slow but sure, so that January 1st he was able to sit up, and walk about the room. In March he was able to ride out, and took frequent out-door exercise. His appetite was good, digestion perfect, and circulation normal, so that hope began to

brighten. He continued to improve, so that further duty in life became a necessity.

He was appointed, November 1st, 1866, U. S. Inspector; March, 1867, was appointed Assistant Assessor, supervising distilleries in the 18th District, Ohio, all of which duty he has been able to perform with perfect acceptance, and has never lost a day's duty from sickness since his appointment. November 1st, 1867, he is able to walk five or six miles a day and attend to the duties of his office.

Thus I had written out a detailed report of this case for my own reference. I have seen the Colonel often since his recovery, and watched with interest his condition. His appearance is not that of one in robust health, yet his endurance would indicate a substantial recovery which bids fair to continue a protracted and fruitful life. The history of surgery affords various interesting cases of excision of the ribs varying in extent from an inch in length to nearly the entire bone, and yet there exists in the mind of the profession at large, I apprehend, a strong prejudice against any operation for the removal of diseased ribs. This prejudice no doubt grows out of the feeling that the pleura and pleural cavity under any circumstances, must not be injured or exposed to the air. This objection, without question, is valid when considering the proneness of the healthy pleura to take on serious inflammation from the slightest injury or exposure. The same feelings have prevailed with regard to all serous membranes. But when we come to consider the susceptibility of a serous membrane already changed in its character by prolonged inflammatory action, the same reasoning, in my opinion, will not hold. From statistics of the operation of Cæsarian section for example, it would appear that in women who survive the first operation, a certain immunity from the danger of the operation is acquired, as a single patient has endured the operation three or four times.

In the case of Colonel Lynch, the pleural membrane was so thickened and indurated as to be but little affected by the operation or by the injections that were made. Plastic exudation, which had firmly united the lung to the walls of the chest below the passage of the ball, prevented sero-purulent accumulation in the dependent part of the thoracic cavity, and assisted in forming the canal through which it was discharged. This, as it seemed to me, was a noticeable feature in the case, and one of vital interest to the patient. Ordinarily in caries and necrosis of the ribs it would not

be necessary to open the pleural cavity, and thus the most serious danger be avoided. In such cases, I believe that the operations for removal can be performed with the greatest facility as the diseased bone becomes isolated by the inflammatory action, especially from the pleura, which becomes as in the case reported, thickened and indurated so as to be free from injury, without extreme carelessness.

No trouble whatever was experienced from hemorrhage in this case. Usually, I think, the intercostal arteries can be avoided by separating them with the periosteum, if it be at all adherent, with the handle of the scalpel. I have no doubt, from observations made, that cases of caries of a rib have been allowed to go without the assistance of the surgeon, when timely removal would have given a favorable result. I have in my case book a report of a case illustrating this opinion.

Roswell Sanborn, a private in the 3d Wisconsin battery, was admitted to Hospital No. 13, over which I had charge. He was much emaciated, having been suffering for a month previous to admission from what his surgeon called inflammatory rheumatism. The history of the case was imperfect. He lay confined to his bed with the right leg forcibly flexed, and suffered intensely from any effort to extend it. His suffering was intense, especially on the slightest movement. His general symptoms were those of hectic. His real difficulty was overlooked for three or four weeks, when a large abscess appeared in the right groin above Poupart's ligament, near the anterior superior spinous process. The abscess was opened, when a very profuse discharge of pus followed, which continued in very large quantity until the patient died from exhaustion.

Post-mortem examination revealed the fact that the origin and cause of the difficulty was the twelfth rib, which was entirely carious, the periosteum being entirely separated and the bone softened.

The peculiarity of the case was the great resistance which the dense fascia offered to the intense inflammatory action, and the long sinus which conducted the pus to the place of exit. I expected to find disease of the vertebra, but on careful examination could find no such difficulty. The caries of the rib was no doubt the result of some injury received while on duty with the battery.

Had the whole history of the case been known, and a correct diagnosis been made, I can see no reason why there might not have been an excision of the rib with good hope of success. As the ribs are often the seat of injury and disease, we may no doubt be profited by experience of operations for their removal.

ART. IV.—*Are Human Bites Poisonous?*

By Dr. B. F. McKEEHAN, Clarksburg, West Virginia.

In the January number of the *Lancet and Observer* is an article in which the question is asked "Are rat bites poisonous?" While on the subject the author might have asked as well, "Are human bites poisonous?" The one is as susceptible of proof as the other. We have met with several cases in which the human bite appeared to be eminently poisonous. An individual, for instance, in a fight with another would, by some means, get his finger in the mouth of his antagonist and have it severely bitten, by which inflammation would be set up of such a type as to eventuate in mortification of the member, and necessitate its amputation. We have seen such cases more than once. Was there in them some poisonous matter upon the teeth of the biter, or was it owing to a depraved state of the blood in the one bitten? Either supposition might serve us in furnishing an answer to the question. There might be some virus on the teeth. The fluids of the mouth are not always healthy. This is manifest from the fact that some materials, as tin foil for instance, used by dentists in filling teeth, will corrode in some mouths, and not do so generally; and this vitiated state of the secretions of the mouth may act as a poison when absorbed by the wound, and produce the disastrous effects already alluded to. Besides, may it not happen that in a fit of anger and high excitement the nervous influence or innervation of the glands of the mouth is so perverted that their secretions are changed from their normal condition and become poisonous. This is probable. We know that the function of secretion as well as all the other function are presided over and carried on by healthy innervation; and that such a cause as high excitement may reasonably be supposed to cause a deviation from normal innervation, and consequently a corresponding deviation from normal secretion. And again, some men keep such foul mouths, never using a brush, that we apprehend it would be dangerous to be bitten by them. Particles of food, of both vegetable and animal substances, are allowed to remain about the teeth until incipient decomposition takes place, and the fluids thus generated, if inoculated into a wound, might prove highly poisonous. It has been contended that the inflammation in such cases is erysipelatous, and that the mortification which resulted was erysipelas gangrenosum. This is doubtless

true in some cases, but we think not in all. The inflammation and mortification in some cases are almost entirely limited to the part bitten. In erysipelas there is a peculiar state of the system, arising possibly from some blood poison that favors the production of the disease, so that often very slight causes, as a mere abrasion of the cuticle, are sufficient to develop it, but in these cases the disease usually spreads to some distance from the focus of irritation, much further, as a rule, than in these poisoned wounds, except in cases where the poison is very virulent. We have seen exactly the same phenomena follow a human bite as in the bite of a poisonous reptile. In one case a man was bitten in the finger by another man, and in the other case a woman was bitten in the finger by a copperhead. The result in each case was so much inflammation as to produce a gangrenous condition of a part of the finger. Were these cases of erysipelas gangrenosum? One manifestly was not, and the other exhibiting the same phenomena, induces us to believe that it had a similar origin—inoculation by a poisonous bite. In both these cases the inflammation did not extend far beyond the finger bitten, while we have seen erysipelas resulting from a human bite in the tip of the thumb cause immense tumefaction of the whole arm, and exhibit its peculiar elevated abrupt margin on the top of the shoulder where it was arrested. We conclude, therefore, that in some of these cases there is an erysipelatous diathesis, so to speak, in consequence of which a small wound or abrasion of cuticle will develop the erysipelatous inflammation without any poisonous inoculation, while in others, a poison is absorbed which produces phenomena very similar but not altogether identical.

PHYSICAL PUNISHMENT.—HARPER thinks it *was* a little hard upon that poor little school boy in Porter county, Indiana, to have administered to him a tremendous cathartic by the school mistress who construed physical punishment to relate simply to the bowels. But we used to know one of the most worthy of Warren county pioneers, who used to give castor oil to the children as a sovereign remedy for *badness*, because no child would be naughty unless the *bowels* were out of fix. It is said the therapeutics worked well.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT.

J. C. MCKENZIE, M. D., SECRETARY.

Encephaloid Tumor of the Breast.

Dr. Mussey presented the following:

The specimen I present you is from the left side of the person of a young unmarried lady of 22 years of age. Fifteen months since the lady noticed a tumor under the left nipple, of the size of a filbert; it continued to increase in size, but no mention was made of it till in March last, Miss — informed her mother of its existence. In April, Dr. B. F. Richardson was consulted, and he referred the case to me. I observed the case for a couple of weeks; the progress was rapid, and on June 1st, extirpated the entire mammary gland, a portion of which seemed not implicated in the disease.

The weight is $2\frac{1}{4}$ pounds. Measurements: 12 inches short circumference, 15 inches long circumference. The wound has healed and the patient is discharged.

Hydatid Kidney.

I present to the Academy for its inspection, a tumor. The history of the case has been carefully prepared by J. O. Marsh, M. D., of Madisonville, Ohio, who deserves our thanks for it, as well as for securing an autopsy and the specimen.

DR. W. H. MUSSEY—*Dear Sir*: The following is the history, so far as I have been able to obtain it, of the case which you saw on Indian Hill, May 21st ult.

Israel Muchmore, aged 53 years, farmer, widower since last fall. When I was called to see him about the 1st of April last, he made the following statement: While lifting a box of fruit during the autumn of 1866, he felt a sharp pain in the left lumbar region, which passed off in a few hours, when he resumed his work. He had, however, not felt quite well for some time previous, and for a day or two after lifting the box of fruit he passed some blood with

his urine. More or less pain and soreness was felt in the region of the left kidney from this time on, and once or twice a little blood was passed, but there was no other special urinary trouble. The general health gradually declined, and during the course of the first year a tumor was perceived forming in the left lumbar region which gradually increased, extending forward and downward. Occasionally, slight lancinating pains radiated from the spine through the tumor and down to the left testicle, which at one time last summer was swollen and tender. He has had no sexual appetite during the last two years. Did not quit work until last fall, and continued to walk about till the 1st of March last. There has never been any marked œdema of the lower extremities. Has been harrassed by a diarrhea for several months past, the stools being thin, small, and frequent. Appetite has been variable. Thirst sometimes urgent, but drinking large quantities of fluids always aggravates the diarrhea. Abdomen is occasionally distended with gas. There has been no cough nor dyspnœa, nor any marked derangement of the circulation. Usually rests well at night, and sleeps considerably during the day since he has been confined to his bed. Has been under the treatment of several different physicians, regular and irregular. At the time of my first visit he was emaciated and extremely anæmic. As the patient lies on his back, the tumor appears to occupy the whole of the left side of the abdominal cavity, and extends about two inches to the right of the median line. The margin of the ribs on the left side protrudes a little more than on the right. The abdomen protrudes abruptly below the ribs, to the extent of about an inch at the outer margin of the left rectus, where it is the greatest. To the touch the surface of the tumor appears smooth, and firm pressure yields a sense of obscure fluctuation. Percussion yields a dull sound, which extends as high as the fifth rib. There is slight tenderness at the median line and in the left lumbar region. He is clamorous for an operation, regardless of consequences. During my attendance the disease made steady progress; the diarrhea continued; the urine became more and more scanty, and for three or four days before his death, none was voided. No special examination of the urine was made. During the last two weeks of his life there was some cough, with a slight muco-purulent expectoration. His appetite failed; swallowing became difficult and painful, fluids returning before reaching the stomach. The patient continued to sink, and died from inanition, June 15th.

Autopsy 24 hours after death, assisted by Dr. Highlands of New-twon. Emaciation extreme. Rigor mortis well marked. An incision was made in the median line from upper end of sternum to pubes, and a lateral incision from the umbilicus to the left, about six inches in extent. On opening the abdominal cavity the tumor presented a smooth, glistening, rose-colored surface, with a dusky ribbon-like band about one and one-fourth inches wide, firmly adherent to the tumor, passing over its whole length exactly in the median line. This proved to be the descending colon. The intestines, containing but little gas or fæces, lay to the right of this, extensively adherent to each other and to the tumor, and covered by the omentum, which was free. There was about an ounce of clear straw-colored serous fluid in cavity of the abdomen. To the left of the median line the tumor was free to a line drawn perpendicularly from the highest point in the crest of the ilium, where the peritoneum was reflected over it. The stomach was slightly distended with gas. About an inch below the pyloric orifice there was a perforation through the coats of the duodenum, probably post mortem, about an inch in its longitudinal diameter and half an inch in its transverse. The liver was healthy. The gall bladder contained about $1\frac{1}{2}$ ounces. Urinary bladder empty and contracted. The spleen was pushed high up under the base of the left lung to the level of the fifth rib, and adhered to the upper end of the tumor. The pancreas stretched across the upper part, and was also adherent. Between the diaphragm and upper end of tumor, near the inner edge of spleen, was found a small body resembling in shape, size, and color, a butter-bean, and lay entangled in the slight adhesions, without any other attachment. Cutting through the peritoneum at the line of reflection we proceeded to break up the adhesions, which became firmer and firmer as we approached the spinal column, requiring the frequent use of the knife. After a tedious and difficult dissection, the pedicle was finally reached, springing apparently from the second or third lumbar vertebra, embracing the aorta and vena cava, and about $1\frac{1}{2}$ inches in diameter. This was cut through as close to the spinal column as possible, and the tumor, together with the spleen, descending colon, and adherent portion of pancreas, lifted out. On the right side of the spinal column, immediately below the pedicle, lying behind the peritoneum and embracing the aorta and vena cava, was a second tumor, about 4 inches long, $2\frac{1}{2}$ or 3 inches broad, and an inch thick, adherent like the first, but there was no pedicle

discovered. It was removed with a section of the vessels it embraced. The greater portion of the right kidney was removed with great difficulty, it being pushed high up under the liver, and firmly bound down. Diligent search was made for the left kidney, but not a trace of it could be found. It would have been impossible either to find or trace the left ureter, under the circumstances. The thoracic viscera were not particularly examined, but the heart and lungs appeared healthy, except a small tumor, the size of a butter-bean, removed from the apex of the left lung. The left testicle was a little larger than the right. The scrotum was not opened.

The patient's mother died at an advanced age, of a diseased little toe, which troubled her three or four years, and was finally amputated two or three weeks before her death, gangrene following the operation. His father died of some acute disease.

Very respectfully yours,

Madisonville, O., June 18, 1869.

J. O. MARSH.

The opinion which I gave, after my examination, that the tumor was that of the kidney, or a fibrous tumor originating in the immediate vicinity of the kidney, is sustained by the specimen before you.

You perceive that the pedicle is small, an inch in diameter; that it occupies the central portion of the tumor; by dissecting we trace it down and demonstrate the pelvis of the kidney, with large lobes on each side; into this portion we trace the ureter; on the side of the pedicles is a portion of the aorta; on turning the tumor over we present it as it lay on opening the abdomen; over the superior portion lies the spleen, and under it the pancreas; over the surface of the lower two-thirds, you notice the descending colon; and on the outer side, a roughness of surface corresponding to the attachment to the side and posterior surfaces of the abdominal wall. It is unnecessary to say that the development was behind the peritoneum.

The measurements are: longitudinal circumference $29\frac{3}{4}$ inches; actual length in diameter 11 inches; small transverse circumference (the portion covered by the spleen), 13 inches; the larger transverse circumference 21 inches; of this portion the larger diameter is 8 inches and the smaller diameter 6 inches. The weight of the mass is 12 pounds; excluding the spleen and pancreas, 10 pounds. Both lobes present, on making the section,

hydatids varying in size, with a large portion of degenerated structure of a cheesy consistence and appearance.

Dr. Carson has made an examination of its character.

Examination of specimens from Tumor in Dr. W. H. Mussey's possession, June 17th, 1869.

1st. The layer from what seems to be a large vessel, is whitish-yellow, elastic, and distensible, and bears very considerable stretching before giving way. A thin section, under the microscope, showed granular matter, small brilliant corpuseles like fat, and some blood corpuseles, with here and there a ribbon-like formation. Another piece, after being teased out with needles, showed filamentous structure, running in parallel lines. It is doubtless a deposition of fibrin.

2d. The separate single oval tumor, of about one-half inch in length, gave a yellow greasy section, soft, with the exception of a spot of calcareous matter. It had a fibrous envelope; microscopically a large amount of fat was visible.

3d. The piece cut from the main portion of the tumor is of a dull white color, soft, and giving way easily under pressure. It showed much fatty matter without fibrous structure.

WM. CARSON.

The small tumor found isolated seems to be simply glandular-form, which not unfrequently develop in the vicinity of large tumors, especially in the abdominal cavity.

The larger tumor, removed with a portion of the aorta, seems to be the vena cava, filled with an organized clot, and which is undoubtedly of long standing; thin sections of its transverse diameter separated easily, a dozen or more in number. The specimen from the apex of the lung is of a carbonaceous and calcareous character.

Hospital Reports.

CINCINNATI HOSPITAL.

Surgical Clinic of W. W. DAWSON, M. D.

Reported by J. L. QUINN, M. D., Resident Physician.

Stricture of Urethra—four Urinary fistulæ—Syme's Operation—Complete Cure.

Benjamin G——, aged 33. Colored. Admitted March 13. Says that two years ago while climbing on an omnibus, he fell, striking the perinæum on the wheel. Soon after this he contracted gonorrhœa, his testicles became very much swollen and painful, but under treatment this disappeared. Upon the subsidence of the gonorrhœa and orchitis, he went to Wisconsin and after riding several miles on horseback a hard swelling appeared in his scrotum near root of penis, this was opened and pus discharged for two or three days. On the third or fourth day, however, urine began to escape through the opening, and now, in addition to the one already spoken of, three others have formed connecting with the urethra at different points, so that when he passes urine, a function which he performs with great pain, it flows through all four channels in addition to the urethra. From one of the fistulæ a small stream is projected three or four feet.

I have said that great pain was caused by the flowing of urine through the false passages; indeed, it would be a difficult attempt to depict the amount of suffering which he has endured during the two years he has been in this most deplorable condition.

He, for this long period, voided his urine with great bearing down, and in a squatting posture, the pain did not stop when the bladder was relieved, but continued some time after. Neither had he any control over his bladder, but was compelled to evacuate its contents at the moment it became the least distended. He twice has sought hospital treatment for relief, first in the Freedman's Bureau Hospital at Louisville, and now in the Cincinnati Hospital. His condition, at present, is not at all good. The

stricture is situated in the membranous portion and is very firm, the tract is so contracted that the smallest bougie can not be introduced, even the slightest attempt giving so much pain that nothing can be done without the administration of chloroform.

The testicles are swollen also to some extent.

April 7. To-day the patient was taken before the class and an attempt was made to pass a bougie without success. He goes slowly under the anæsthetic, resisting its administration.

April 16. Yesterday after another unsuccessful attempt to pass a sound there was very considerable hemorrhage. Patient has a tolerable appetite, but suffers so excessively from the irritation of the stricture and fistulæ that he is very much emaciated.

May 5. A few days since, the patient was put first under the influence of nitrous oxide and the anæsthesia carried on by chloroform, as suggested by Dr. Samuel Sexton, of this city, but the result was only a less quantity of chloroform used, without any, or at least very little diminution of his resistance to the influence of the anæsthetic.

May 16. His general condition seems to be improving. Has been taking:

R.—Tinc. Cinch. Com., \bar{z} iij ss.

Quiniæ Sulph. grs. xx.

Acid. Sulph. Arom. \bar{z} ss.

M.—Sig. \bar{z} i. three times a day.

This has resulted in an improvement of appetite. To-day, Dr. Dawson succeeded in passing the stricture while the patient was under chloroform. This was accomplished with the smallest-sized steel sound.

May 18. Had a chill last night for which Sulph. Quiniæ grs. xx was ordered to be given in divided doses every two hours in addition to the above prescription. He perspired very considerably after the chill. Passes urine very much better since the introduction of the sound.

May 20. Some better but stricture again impassable.

About this time another experiment was made with nitrous oxide with about the same result as before, he resisted it fully as much as the chloroform alone, but probably came out from under it with less sickness, than if the anæsthesia had been produced, and kept up by chloroform alone.

Still unable to pass the stricture a second time. Nor is he in a favorable condition to make an operation on even if the attempt

to introduce the sound had been successful. His spirits are much broken by his long continued and great suffering without assurance of being soon relieved.

May 25. General condition slightly improved.

June 2. To-day the patient was taken to the lecture room to renew the attempt to pass the stricture. It was accomplished but not without a great deal of trouble, the patient being profoundly under the influence of chloroform. The stricture grasped the sound with great firmness as it had done at the time previously mentioned when the instrument was passed into the bladder.

The sound was immediately removed, Syme's staff introduced, and the operation proceeded with in the presence of Dr. Edward Cowles, U. S. A., several medical gentlemen of the city, and the class attending the clinics.

The adventitious tissue in the neighborhood of the stricture was so dense that the knife in dividing it gave a sound as if sole-leather was being cut. The stricture extended from the apex of the prostate from two to three inches forward. There was little blood lost in the operation, a fortunate circumstance, as the patient was not in a condition to bear the loss of any considerable quantity. He came out from the influence of the chloroform very well, no sickness of any consequence, but suffered a good deal of pain from the catheter which was introduced into the bladder immediately after the division of the stricture. He was taken to the ward and a full opiate administered; in about four hours he was perfectly quiet, the Bimeconate of Morphia was used, it being the preparation which at previous times had proved most efficient and agreeable to him. He was also ordered whisky and beef essence freely.

June 4. No change of consequence. Some improvement in appetite, however. Urine passes through the cut, fistulæ and catheter.

June 7. Most of the urine passes by the catheter, very little has passed through the cut and none through the old fistulous openings, since the third day.

June 11. Catheter removed yesterday, but last night urine began to flow through the cut in the perinæum, the catheter was reintroduced, but the urine did not flow freely through it until the 14th. During the time the urine was passing through the cut, the bladder was washed out daily with tepid water through the catheter, this caused him some but not severe pain.

June 15. His general condition has been improving all the time. Mag. Sulph. used to open the bowels occasionally.

June 19. Suffers little pain except when his bowels are moved. Urine still flowing through the catheter, cut healing. General condition all that could be expected.

June 22. Catheter again removed on the 20th and urine passed through the urethra in a good stream and with considerable force. Appetite good, no pain and in better spirits than he has been since coming into the house.

June 24. Still doing well. Cut healed and no diminution in size of stream of urine.

June 30. No signs of any return of stricture by contraction of cicatrix, as there is no diminution in size of stream which seems to pass through the urethra without any obstruction whatever. There appeared to-day, however, swelling of the right testicle and a dragging pain in the right side caused probably by the weight of the swollen testicle on the spermatic cord.

July 2. Yesterday one of the old fistulous tracts re-opened. No urine, however, passed through, but a quantity of pus was discharged; this relieved the pain to a very considerable extent.

His general appearance has so much improved that he would hardly be recognized as the same man who came to the house for treatment four months since.

July 6. Swelling of testicle has disappeared mostly and pain entirely. The old fistulae has again closed, probably permanently. Cut in perinaeum completely closed by a firm cicatrix. Urine still passing in full stream.

July 12. Went out on pass, and did not return until July 30. Still passes a full stream of water.

It will be seen by this history that the urine ceased passing by the fistulae on the third day, the catheter was not removed until the eighth, on the ninth, however, the urine was found to be escaping through the cut, when the instrument was again introduced and allowed to remain until the twentieth day.

CHART OF THE CRANIAL NERVES.—Dr. Edward Rives, of this city, has just gotten out a handsome chart of the cranial nerves, published by Robert Clarke & Co. It is printed in large type, on a sheet 15 by 28 inches, folded in a neat cloth case. Price, 60 cents.

Selected.

Brief Abstracts of cases of TETANUS recently reported, with some additional statistics bearing on the results under the different modes of treatment in vogue at the present time.

CASE I.—Mr. C. V. Ridout, in the *London Lancet*, details a case of traumatic tetanus, developed seventeen or eighteen days after injury. He treated it with extract of *Calabar bean* (*physostigma venenosum*) for thirteen days, commencing with $\frac{1}{4}$ every hour, and gradually increasing the dose to $\frac{2}{3}$ of a grain. Though the patient died, the reporter is satisfied the remedy retarded the progress of the case, and mitigated the symptoms.

CASE II.—M. Bourneville reports, in the *Gazette Medicale*, of Paris, the case of a boy, aged nine years, treated unsuccessfully for traumatic tetanus; the remedy used being the *Calabar bean*.

CASE III.—Dr. Jas. T. Newman, in the *Chicago Medical Examiner*, reports a case following a gunshot wound of the hand, which required immediate amputation. In eight days after the injury the symptoms appeared, and are described as having been very severe; such as general rigidity of the muscular system, interrupted by clonic spasm, pulse 120, &c. In this case the first dose, of $\frac{1}{3}$ grain *extract Calabar bean*, given hypodermically, relieved the spasm in thirty minutes; the muscular system became relaxed, and the patient soon went to sleep. The remedy was continued in the above quantity for two weeks, and seemed to exercise a decided controlling influence over the spasmodic condition. *Morphine* was, at times, also given. The patient rapidly convalesced in a little less than a month from the commencement of the attack. The treatment was begun on the second day of the disease.

Dr. Chas. R. Greenleaf, of the army, has collected and published in the *Richmond and Louisville Medical Journal* the notes of seven cases treated with *Calabar bean*, though generally in combination with other remedies. They are as follows:

CASE IV.—A lad of fourteen received a lacerated wound of the thumb, and in fifteen days after, symptoms of tetanus appeared, well marked in degree. For two days he was treated with *extract cannabis indica*, in doses from $\frac{1}{2}$ to 1 grain, with calomel 1 grain. *Calabar bean* was then substituted, and continued in form of tincture, extract, and powder; at times by the mouth, and at others by hypodermic injection, until the twenty-fourth day, when the patient was considered convalescent.

CASE V.—A girl aged fifteen, treated in Westminster Hospital by Mr. Mason. Three weeks after the receipt of a lacerated and contused wound of the scalp, tetanus set in. For three days she had *extract Calabar bean* $\frac{1}{8}$ grain every hour, when it was abandoned for other treatment. The case terminated fatally on the fourteenth day.

CASE VI.—This patient was a man aged thirty-three, who received a scalp wound, which was followed by symptoms of tetanus in fourteen days. For the first couple of days he had *extract Calabar bean*, by the mouth, in doses of $\frac{1}{8}$ up to $\frac{1}{2}$ grain every half hour, but without any effects. It was then given hypodermically in $\frac{1}{8}$ grain doses every three hours, with prompt effects. On the seventh day there was delirium, from a supposed over-dose of the remedy. On the eighth day the extract was increased to one grain every two hours. By the twelfth day the patient was so far improved that the injections were discontinued, and the remedy thenceforth given in suppository. The case eventuated in recovery.

CASE VII was that of a negro, aged thirty-eight, who had the disease in consequence of a puncture of the foot, by a rusty nail, two weeks before. For four days he was treated with *extract belladonna*, *quinine* and *brom. potas.* He was then put on *extract Calabar bean*, $\frac{1}{2}$ grain every two hours. The patient died on the fourteenth day. On several occasions the physiological effects of the remedy were clearly manifested. No clear understanding of the degree of severity of the symptoms can be had from the account.

CASE VIII.—That of a man whose forearm was badly mangled by the premature discharge of a cannon, eleven days before the appearance of tetanic symptoms. He was treated with *Calabar*

bean and *morphine* in combination; of the latter an equivalent of fifty-four grains of opium having been given within four hours and a half. This patient recovered.

Dr. G.'s remaining case is that reported by Mr. Ridout, and already quoted.

CASE X.—We are indebted to Dr. Anderson, one of the resident physicians to the Cincinnati Hospital, for information of a case which occurred recently in the practice of Dr. John Davis, in that hospital. The case was a traumatic one, and terminated fatally, after twelve days' treatment with the *extract of Calabar bean*. For the first six days the remedy was given in doses varying from $\frac{1}{16}$ to $\frac{1}{4}$ grain, but without any effect. During the subsequent six days it was given hypodermically; from $\frac{3}{8}$ to $\frac{1}{2}$ a grain being administered at a time. In this way it produced constant effects, arresting the pain and spasm, and also the profuse perspiration that attended the paroxysms.

CASE XI.—Dr. A. M. Brown, of this city, a few weeks since, treated a traumatic case which terminated in death on the fifth day of the disease. Dr. B. has kindly furnished the following particulars: Was called to the case on the third day of the attack (nothing having been done up to that time). The symptoms present then were general rigidity of the muscles, especially of the neck, back, and abdomen. Swallowing difficult. Respiration 24. Pulse 90, full and strong. Two weeks before he had hurt his foot with the tooth of a harrow, but thought nothing of it.

Treatment.—At first with *extracts of belladonna* and *hyoscyamus*, and *blue pill*, which, on the next day (fourth of the disease), was replaced by *extract of Calabar bean*, $\frac{1}{4}$ grain every hour; every third dose being increased to $\frac{1}{2}$ grain.

Fifth Day.—Patient still worse. Spasms, in addition to the rigidity of the muscles. Dose of extract increased to $\frac{1}{2}$ grain every hour.

. 12 M. Spasms more frequent and violent. Bowels freely moved. Administered the *extract Calabar bean* hypodermically every fifteen minutes, until two and a half grains had been given, but without any perceptible influence on the spasms. Ordered the half grain doses by the mouth to be continued.

4 P. M. Rigidity of muscles diminished. Skin moist. Pulse 96. Pupils contracted to size of pin head. Mental faculties clear.

Injected $\frac{1}{4}$ grain of extract, and repeated it in half an hour. Continued internal administration.

At half past seven o'clock the patient died.

CASE XII.—The writer is indebted for the facts in this case also, and opportunities of observing it, to Dr. Brown, under whose charge the patient is: A boy at 15 injured his foot by treading on a rusty nail. Three weeks after, symptoms of tetanus appeared. Dr. B. took charge of the case after the disease had existed for two weeks. The condition of the patient then, was, general rigidity of the muscular system, but most marked in the leg of the injured side. Spasms frequent and easily excited, but not severe. Ability to open the mouth to a considerable extent, and to swallow without difficulty. *Risus sardonius* distinctly marked.

Treatment.—*Extract of Calabar bean* by mouth and hypodermically for ten days, with little or no effects; at one time giving as much as a grain and one-third, by subcutaneous injections, within one hour. Slight contraction of the pupil was the only evident effect produced. *Bromide of potassium* was next administered, ten grains every two hours, with an increase in the amount at night. This was continued for four days. The *Calabar bean* was again tried for three days more, in the form of tincture, an equivalent of two and a half grains of the bean being given every two hours. No improvement appearing under this modification, *muriate of ammonia* was substituted, twenty grains every three hours, with opium at night to produce sleep. There is now (Aug. 12) absolutely no perceptible change in his condition from what it was three weeks ago. Pulse never over 110; now 72. Temperature 101° at the highest; now $97\frac{1}{2}^{\circ}$.

CASE XIII.—Dr. McArthur reports a case in the *Edinburg Medical and Surgical Journal* for May, which followed a punctured wound of the hand, and which was treated with *Calabar bean* with a successful result. The symptoms advanced rather slowly, and he had power to open his mouth to a slight degree all the time. Pulse under 90 during the continuance of the case, except on one evening, when it rose to 120. He was under the treatment for eighteen days, taking the extract in doses of from $\frac{1}{8}$ grain every hour to $\frac{3}{4}$ grain every two hours, by the mouth. Once

only was it used hypodermically, and then with marked effect, in arresting an epileptiform paroxysm.

CASE XIV.—In the same number of that journal, Mr. Brown of Carlisle, narrates a case in a boy, æt. 12, which was probably idiopathic. The symptoms were not severe, and yielded after about seven weeks of treatment. The remedy used in this case was the *bromide of potassium* in twenty grain doses, given as often as every second hour at first, and afterward at gradually lengthening intervals until reduced to three doses per diem.

Dr. Jas. Moore, of Northamptonshire, in the *London Lancet*, publishes the following cases:

CASE XV.—A man æt. 36 received a compound fracture of the great toe, attended after the first couple of days with intense pain in the foot, with stiffness of the jaws, which soon passed to a condition of severe spasm. For three days he was treated with *tincture of Indian hemp*, in doses of from one to three drachms. But seeming to be losing its influence over the disease, *opium* was substituted, in two grain doses every four hours, with wine and turpentine injections. At the end of seven weeks he is reported "improving rapidly, though the spasms still occur in a slight form and at long intervals."

CASE XVI.—The result of a laceration of the forefinger, almost healed when the symptoms of tetanus showed themselves. These consisted of trismus at first, running into tetanus of the muscles of the back, abdomen and extremities.

Treatment.—*Morphine*, alone for the first few days, afterwards combined with *extract of belladonna*, three grains every four hours, with enemata of turpentine. After about a month's treatment he was declared convalescent, the only remaining symptom being great soreness and stiffness of the muscles, which continued for three or four weeks longer.

CASE XVII.—Was that of a man æt. 65. Trismus appeared ten or twelve days after amputation of two of his fingers, and "in spite of" active treatment with *Indian hemp*, *opium*, *belladonna*, etc., continued for two months. This case does not appear to have ever reached the state of general tetanus.

CASE XVIII.—Was a purely idiopathic one, which yielded to *Indian hemp* and *opium* in three weeks.

CASE XIX.—A man, the subject of a severe burn, was attacked twelve days after the accident with symptoms of tetanus. The next day "the mouth was firmly and almost constantly closed. There was also some stiffness in the cervical muscles, but nothing of the kind was complained of as affecting other parts of the body." Mr. Haynes Walton, who treated the case, put him on ten grain doses of *quinine* three times a day, with six ounces of port wine and four of brandy. For ten days no effects were observed from all this *quinine*; but after that time the symptoms gradually declined, and at the end of one month the man was up and walking about the ward, and discharged cured in three weeks more. No cinchonism resulted.—*Philadelphia Reporter and Medical Times and Gazette*.

CASE XX.—Dr. Gunkle, of Frazer, Pennsylvania, in the *Philadelphia Medical and Surgical Reporter*, gives a case following in eleven days amputation of two fingers. The symptoms described were dyspnœa, "followed shortly by contractions of the muscles of the back, stiffness of the jaws, and more or less spasmodic contraction of the entire muscular system." He was treated with *morphia*, gr. $\frac{1}{3}$ to $\frac{1}{2}$ every two hours, alternated with two grains of *quinine* in two ounces of *whisky* at similar intervals, with liberal nourishment. This was continued without improvement for ten days, when violent bloody vomiting and purging set in, upon the arrest of which convalescence was established, and the "patient was speedily restored to health."

CASE XXI.—A fatal case was reported by M. Labbé, at a meeting of the Association of Physicians of France, in which *opium* and afterward *chloroform* were administered. Asphyxia resulted and death. Several members concurred in the opinion of the danger of giving *chloroform* in tetanus.

CASE XXII.—Dr. Ademollo publishes in *L'Imperziale*, of Florence, a case of traumatic tetanus, appearing seventeen days after the shattering of a foot, which was treated with large quantities of *opium*, *morphine*, *belladonna*, *hyoscyamus*, *assafetida*, and *camphor*, for eleven days. The patient was eventually discharged well.—*London Lancet*.

CASE XXIII.—The number of this journal for July last contains the details of a case in the practice of Dr. H. K. Steele, of Dayton. It followed extraction of a number of teeth; the first symptom, "a twitching of the lower lid," appearing six days afterward. The doctor was not called until a week later; and had him under treatment for five days, when the fatal termination occurred. The remedies used were—"ice-bags to spine, *morphine*, *chloroform* by inhalation, *cannabis indica*, *potas. bromid.*, *belladonna*, *atropia*, *extract Calabar bean* by hypodermic injection, $\frac{1}{3}$ grain in solution and one grain per ore."

Dr. S. estimates the relative value of those remedies in relieving the symptoms in the order in which he has mentioned them. He adds: "Chloroform for the last two days affected the respiration dangerously. The hypodermic application of the *Calabar bean* was not in the least beneficial."

A recent number of the *Boston Medical and Surgical Journal* contains details of the two following cases by Dr. George Derby:

CASE XXIV.—A carpenter, aged 44, received a double fracture of the femur, which was succeeded in eight days by trismus. This yielded shortly to small doses of *morphia*, with wine and nourishment. No mention is made of any extension of the tetanic symptoms beyond the muscles of the head and neck.

CASE XXV.—A boy, aged 17, three days after wounding the great toe by stepping on a nail, was seized with a painful stiffness of the jaw, neck and back. General tetanus soon supervened. He did not come under treatment for ten or twelve days, and was then given *potas. brom.* in forty grain doses every hour. Treatment by this remedy was kept up for twenty-one days, in which time he took "not far from twelve ounces." He got well.

CASE XXVI.—Dr. Bakewell, writing from Trinidad to the *London Lancet*, mentions a case of tetanus occurring in a negro washerwoman, the subject of ulceration of the leg. In this case the disease is said to have yielded in a few hours to two half drachm doses of *bromide of potassium*!

CASE XXVII.—Mr. Hancock, of Charing Cross Hospital, treated recently a case of traumatic tetanus, developed two weeks after a laceration of scalp at back of head. The remedies tried were *bromide of potassium* in half drachm doses every four hours, with twenty minims of *tincture of belladonna*. The case terminated fatally in three days.

CASE XXVIII.—In the *Pacific Medical and Surgical Journal*, Dr. H. H. Toland narrates the following case of traumatic tetanus: Symptoms appeared on the thirteenth day, but except the mention of opisthotonos as being present, there is no description of them. The treatment was by sprinkling one grain of *morphine* on the surface of the (granulating) wound every six hours, with the administration of twenty drops of *tinct. cannabis ind.* every two hours. This was continued, day and night, for two weeks, with a constant diminution of the symptoms. After this the *morphine* was used at longer intervals, but the *cannabis indica* was continued regularly for four weeks, when he was fully convalescent.

CASE XXIX.—In the Northern Hospital, Liverpool, a case of traumatic tetanus, treated by subcutaneous injections of *morphine*, terminated fatally in four days after admission. No particulars given.—*Med. Times and Gaz.*

CASE XXX.—By Dr. Fayer, Professor of Surgery at Calcutta: Symptoms appearing twenty days after injury, (laceration of hand). Treated with *chloroform* internally, *cannabis indica*, *camphor* and *opium* by smoking. These remedies were tried for seven days, when, the symptoms continuing to get worse, the median nerve was divided above the wrist. Improvement commenced in two days after, and continued until the patient was cured. A wasted and distorted hand remains.

CASE XXXI.—In the *Dominion Med. Journal* Dr. Theophilus Mack, of St. Catharine's, Canada, reports a fatal case following a compound dislocation at the elbow. The patient was a boy, aged 13. Symptoms appeared on the fourth day following the injury, were increased on the next, complete trismus being then established. Amputation was now performed, but without avail, as in a few hours the patient died. The medical treatment was by *Indian hemp*.

CASE XXXII.—Professor Barnes, of St. Louis, reports in the *Medical Archives* of that city, the following: A young man, aged 20, consulted him for soreness about the jaws and back of his neck. Three weeks before he had one of his fingers severely bruised and lacerated. Next day the pain was increased and extended to his chest, with constriction in the region of the diaphragm and occasional paroxysms of spasm. That evening the paroxysms were more severe, and there was opisthotonos along with the other symptoms. The treatment was free purgation with *salts and senna*, with *Madeira wine ad libitum*, and in ten days the patient was free from all tetanic symptoms.

CASE XXXIII.—Drs. Tyndale and Bryson, resident physicians to the St. Louis City Hospital, narrate the following case in the *Archives*: A man, aged 35, was admitted with tetanus, which prevented his speaking or swallowing. Much pain in the neck and jaws with the *risus sardonius* fully developed. The attack followed a blow on the head ten days previously. Treatment, hypodermic injections of *morphia*, with, toward the end of the case, the occasional application of *chloroform* to the spine. Result, death in five or six days.

Dr. H. Z. Gill, of St. Louis, publishes in the *Med. and Surgical Journal* of that city, the notes of six cases. They are as follows:

CASE XXXIV.—A man, aged 22, had the fingers of one hand lacerated. Nine days after he complained of pains about his throat and neck, followed the next day by spasms of the muscles of deglutition. That day he had *morphine* hypodermically, *chloroform* by inhalation, and *croton oil* and *clysters* to move his bowels. On the third day he died.

CASE XXXV.—A man 40 years old suffered amputation of a little finger in consequence of a laceration of the part. Seven days after was attacked with tetanus, which, in two days more, reached the stage of spasm; "pulse 125, pupils contracted, anxious expression of countenance," etc. *Morphine* and *chloroform* were given as in the last case, with *whisky* freely. *Chloroform* to the spine also. On the evening of the third day of the attack he was put on *tincture Indian hemp*, but without relief, as he died next morning, having been for six hours before in "a state of complete narcotism."

CASE XXXVI.—A young patient, aged 12, received a contusion on the face. In eight days trismus was set up, and soon passed into general tetanus. Treatment by *chloroform* and *cannabis indica*. Death on second day of attack.

CASE XXXVII.—“A contused and lacerated wound of the right hand, with fracture of the carpus and metacarpus” in a man aged 40. Tetanus commenced on the seventh day, and death followed in thirty-six hours. “With commencement of the attack gave *tinc. gelseminum*, twenty drops every hour, which was followed by amelioration of the symptoms the first six hours, after which they became worse. Then gave *quinia* 5 grs. every three hours. *podophyllin* $\frac{1}{4}$ grain as a cathartic. Some other simple remedies were used.”

Dr. G.'s remaining two cases were of trismus nascentium, and need not be quoted here. One of them recovered and the other died.

CASE XXXVIII.—At a recent meeting of the Surgical Society of Ireland, Mr. Morgan communicated the following case: A boy, aged 15, suffered a compound comminuted fracture of the great toe. In thirteen days symptoms of tetanus supervened which, in four more, had reached the stage of chronic spasm. During those days the spinal ice-bag, *mercury*, *camphor* and *opium* were fairly tried. But as the symptoms were steadily increasing, and death from suffocation threatening, it was determined to use *nicotine*. The remedy was given at first in doses of one twenty-third of a drop, with five drops *liq. morphia*, every three hours. In two days the dose was increased to one-eighteenth of a drop, and the day following that to one-fifteenth. He was now much improved, and after six days' use of the remedy was pronounced convalescent. After the third dose the patient felt “sickish,” with increased pallor, reduction of the frequency of the pulse and respiration.

Mr. Tufnell stated at the same meeting that he had used nicotine in three traumatic cases with two recoveries, and expressed the opinion that the statistics would show better results from this than from any other remedy.—*Med. Press and Circular and Am. Jour. M. Sci.*

The two following cases are given, being of interest by reason of the infrequency of tetanus in young children, excluding, of

course, cases of trismus nascentium. Mr. Poland, in his essay in *Holmes's System of Surgery*, states that the youngest case on record was at twenty-two months of age.

CASE XXXIX.—Was that of an infant *seven* months old, proving fatal in less than a week. Reported by Dr. Whitehead in the *Med. Times and Gazette*.

CASE XL.—In the *Canada Med. Journal*, a medical officer of the British army, Mr. Adams, details a fatal case of tetanus in an infant *nine* months old, which was complicated with, and perhaps dependent upon the presence of *lumbrici* in the alimentary canal.

In St. George's Hospital, during 1867, four cases of traumatic tetanus were treated. Two proved fatal; one of them having been treated with subcutaneous injections of *morphine* and *atropine*, and the other with suppositories of five grains *extract of conium*, every four hours. Of the two recoveries one was treated with subcutaneous injections of *atropine* and *morphine*, from 1-40 and $\frac{1}{4}$ grain respectively to 1-30 and $\frac{1}{2}$ grain, having been administered three or four times a day.

The second had drachm doses of *turpentine*, with suppositories of *extract of conium*, three times a day. These cases of recovery were under treatment for six or eight weeks, and were doubtless chronic or subacute in their nature.

In the *Boston Medical and Surgical Journal* for February 4, is an abstract from one of the German journals on the subject of the temperature in tetanus, in which it is mentioned that two cases of the disease, treated with *tincture of aconite* by Wunderlich, resulted in recovery. One was on the treatment for twelve and the other for thirteen days. The amount of the remedy given varied from fifteen to forty drops a day. The preparation used being less than one-fourth the strength of the tincture of the U. S. P. No other particulars are given.

The *Practitioner* for December, 1868, quotes from the *Indian Annals of Medical Science* the results of the treatment of thirteen cases of tetanus with *Indian hemp*, by Dr. S. G. Chuckerbutty. Six of those cases died; but five of them are considered unfair trials, having been "so very far advanced as to be hopeless." The remedy was given in 30 to 40 minim doses of the tincture. No particulars given.

Professor Busch, of Bonn, treated twenty-one cases of tetanus during the war of 1866, in Bohemia, of whom seven recovered. Eleven of these cases were treated with *curare*, in doses of $\frac{1}{30}$ to $\frac{1}{30}$ grains, given by subcutaneous injection every two hours, and out of this number six recovered. One of them, it is stated, owed his recovery to *morphine* more than the *curare*. The degree or character of those cases can not be understood from the language of the article; but the probability is, they were not true acute cases, as it is remarked: "In very acute cases Busch thinks it of no use to try *curare*."—*Medical Times and Gazette*.

Two cases of traumatic tetanus are said to have been cured by profuse sweating, "induced by the gradual slacking of quick-lime under the bedclothes."—*L'Union Medicale, and St. Louis Medical Archives*.

Mr. Holthouse reported two cases treated with *extract Calabar bean*, in one of which recovery took place, while the other died on the fourth day of the disease. He used it in doses of three grains every two hours; and on one occasion administered as much as *Ranking's* four and a half grains.—*British Medical Journal and Abstract*.

Eight cases collected by Mr. Alexander and published in the *Glasgow Journal*, of November, 1868, treated with *Calabar bean*, of whom six recovered and two died. All said to have been acute traumatic cases.—*Medical News and Library*.

Two fatal cases under the same treatment reported in the *London Lancet* for October, 1868.—*Ibid*.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Thos. Fraser maintained the power of the *Calabar bean* over the chief symptom of tetanus, spasm; and referred to sixteen published cases in which it was used, with only two deaths.

Dr. P. H. Watson treated two cases of tetanus with this remedy, which, though producing its physiological effects, failed to arrest the fatal issue.—*Edinburg Medical and Surgical Journal*.

An attempt to analyze such records as the foregoing is necessarily attended with great difficulty; and indeed, to deduce perfectly reliable conclusions from them may be said to be impossible. For here, as with almost all medical statistics, the mass of material to be dealt with being contributed by many different individuals, can not be harmonized, so to express it, to the standpoint of any single observer. And as statements of facts in medicine are valuable only in proportion to the soundness of judgment in those

who make them, it may readily be seen how incongruous must be the material furnished from many different sources, for sound and reliable observers are rare. Partiality of views, a disposition to exaggeration, the proneness to ride some therapeutic hobby, etc., are all so many obstacles to correct observation and practice; and, of course, in an equal degree they tend to render statistical data unreliable. And therefore it is that the mass of medical periodical literature is absolutely worthless—worse than worthless, because often deceptive! The truth, in part at least, of these observations will be borne out by reference to the foregoing selections; as we there find one gentleman claiming for Calabar bean most marked pre-eminence among all remedies; another confidently asserting that statistics will prove nicotine to be the remedy *par excellence*; while others adduce figures to substantiate similar claims for Indian hemp and curare. Of the thirteen cases treated with Calabar bean, abstracts of which are given in the foregoing pages, five recovered, seven died, and one remains under treatment, but must be counted as a failure against that remedy. Of the five recoveries, one (CASE VIII) was certainly subacute in character; and another (CASE IX) was cured, if by anything, by the morphine given. At least that was the drug which figured most prominently in the treatment. So that all that can be claimed by the advocates of this remedy, in this group of cases, is three recoveries against seven deaths; cases 9, 12 and 13 being excluded. These results are certainly in marked contrast with those given by Dr. Fraser. Perhaps it may be objected, in these fatal cases the bean was not fairly tried. In some of them, it must be admitted, it certainly was not. Adding to the list the cases of Mr. Holthouse and Dr. Watson, with the sixteen mentioned by Dr. Fraser (presuming he includes those published by Mr. Alexander and those in the London *Lancet* of October, 1868), we have a total of thirty cases and twelve deaths. Want of space forbids any further analysis of these records than the following table affords: but no reliable deductions, of course, can be drawn from figures so small as those that represent most of the modes of treatment mentioned. They are tabulated with the rest, more for the sake of giving completeness to the list of remedies used in the different cases referred to in this compilation, than for any other purpose.

TREATED WITH	Number of cases.	Recoveries.	Deaths.	Per centage of deaths.
Calabar Bean.....	30	18	12	40
Indian Hemp.....	13	7	6	46
Curare.....	10	5	5	50
Opiates.....	10	4	6	60
Nicotine.....	4	3	1	25
Bromide Potassium.....	4	3	1	24
Conium.....	2	1	1	50
Aconite.....	2	2		
Diaphoretics.....	2	2		
Mixed Narcotics.....	1		1	100
Quinine and Stimulants.....	1	1		
Chloroform.....	1		1	100
Purgatives.....	1	1		
Mixed Treatment.....	1		1	100
Amputation.....	1		1	100
Division of Nerve.....	1	1		
	84	48	36	.....

Imperfect though such statistics necessarily always are where the numbers are so small, there is the additional difficulty, in the present case, in estimating the relative value of different remedies, the impossibility of determining which were acute cases of tetanus, and which were only subacute or chronic. For, after all, the question is, "what remedy promises the best results in *acute* tetanus?" For it is well known the disease, in its milder forms, is recoverable under almost any treatment; whereas it remains a question, with many, if a true case of acute traumatic tetanus has ever been cured. Out of three hundred and sixty-three cases in the armies of the United States, during the war of the rebellion, only twenty-seven recoveries took place; and the reporter in Circular No. 6, S. G. O. 1865, says twenty-three of them were chronic in form, while of the four remaining the guarded statement is made, "the symptoms were very grave." Two of these latter recovered under the use of opiates and stimulants, and two after amputation of the injured part.

Calabar bean, curare, and nicotine, which seem to be regarded with most favor at present, were not used in our armies during the late war.

The Calabar bean seems to be the article which, in the treatment of tetanus, is attracting most attention at the present time; but, like some other drugs, it is receiving encomiums entirely undeserved, from certain admirers who seem to be possessed of more enthusiasm and blind faith than of sound judgment. As an instance of this almost unbounded faith in the remedy, the following language of Professor Wright, of McGill University, Canada, is given: "The just conclusion, warranted, I think, by the present state of our knowledge of the treatment of traumatic tetanus, is this: *the PROBABILITY is without Calabar bean the patient will die, and with it he will live.*" The quotation is printed as found in the *Canada Medical Journal*.

While dissenting from all such sweeping opinions, in their full force, the writer begs leave to offer the opinion, based on a study of the recorded experience with the article, that Calabar bean promises better results than any other remedy. It has proved efficient in counteracting the chief symptom of the disease, spasm; and it may reasonably be hoped, that with increased knowledge of its properties, and consequent improvement in the modes of administering it, better results will be obtained.

The opinion of so competent an observer as Mr. Tufnell, as to the value of nicotine, is entitled to attention, and it is to be hoped that that remedy will be thoroughly and satisfactorily tested.

Lastly, it can be claimed for opium, in some form, that it seems to have been of decided service in the treatment of many of the recorded cases of tetanus.

T. H. K.

Correspondence.

Letter from Dr. Whittaker.

VIENNA, June 20, 1869.

Did you want to solicit a personal favor that was in the power of all to grant, from any of the occupants of the professional equipages that dash in at the hospital door in the morning, we are sure you would select Prof. Billroth at the first glance as the man above all others of easiest approach. There's a benevolence and a kindness

expressed in every feature of his face, which must win him, we fancy, as much practice as all his wisdom and skill, and there's that tenderness in his manipulation which avoids all wanton pain, so that little babies scarcely cry in his hands. And sure that's the highest praise that can be said of a great man in this department of science, that in the discharge of his duty as a surgeon, he seems never to forget that of a fellow man.

Physically, he is by nature's birth-right a surgeon. Large, massive frame, of commanding aspect and imposing appearance, he is just the man to whom those who only consider such qualifications would be willing to entrust their limbs and precious bones. A frank, open face, indicative of a cheery, cordial mien, square, broad shoulders, heavily set on a body that would notch the scale so close on to two hundred pounds that one wonders how he has ever been able to wield himself into dexterity. As an operator we are hardly entitled to an opinion, as we visit his clinic but rarely, and he leaves most of his operations to his assistants while he occupies himself principally with a narration of his experience in like cases and with surgical pathology, which is his forte, and for which he enjoys more renown than any surgeon in Germany. Instruction is almost entirely clinical, cases being presented for an hour to one and a half, according to the number of patients, and then a half hour's discourse. His lecture room is always crowded, for his clinics are rendered especially instructive from the great variety of cases which are exemplified by plates, illustrations, and even photographs, which are always taken for anything that may be of future use. As you are aware, he is a most extensive author; his exhaustive work on general surgery being a standard compendium, while his contributions on the pathology of fever, the development of blood-vessels, osteoneoplasms, and the pathology of tumors, have been as large as valuable. The clinic room, a lofty oblong apartment, with a large window from floor to ceiling which floods the center with light, seats perhaps three hundred students, and is so arranged with rapidly rising seats that a better view of the arena is obtained from any point than is usually the case.

First is presented to-day a case of simple fracture of the leg. This is dressed before the class, in the plaster of Paris bandage, the only difference between this and our own application being that the limb is first surrounded with a layer of cotton instead of the simple roller, before the saturated bandage is applied. In compound fractures an opening is left in the bandage over the wound, which

is covered with the carbolic acid dressing of Lister. Next follows a case of umbilical hernia of nearly fist size in a newly-born infant, or rather a partial eventration from defective development of the abdominal walls. The professor describes two forms, the *hernia umbilicalis* and the *hernia funiculi umbilicalis*, wherein the intestine is protruded within or into the cord. Cases of the former variety as this are not of very rare occurrence and are generally fatal before the ninth day from peritonitis or gangrene, from exposure, as operative procedures are out of the question. There are, however, a few rare cases on record in which even large hernias have been perfectly covered over with integument, and he relates one in which the tumor was about half fist size wherein the cure was complete by the ordinary process, leaving a large cicatrix. Next, a case of severe supraorbital neuralgia of long standing. In the course of his remarks on the therapeutics of this affection, he recommended the subcutaneous division of the nerve as a criterion for the efficacy of an exsection; if the division afford temporary relief, in all probability an exsection will secure it permanently. An infant of a few months was presented with hare lip and cleft palate. Operation deferred till the age of one and a half to three years. If the palate be unaffected he does not hesitate to operate at the earliest age; but if fissured, as in this case, experience has taught him that it is better to postpone the operation.

Case of phynosis, with underlying ulcer. The professor has long since ceased to operate with the knife in these cases, as the wound only extends the diseased surface. The treatment is the insertion of sponge tents, which is done in the following manner: Some five or six flat triangular pieces, each about an inch long and one-fourth of an inch wide at the base, after being dipped in oil are successively inserted between the prepuce and the glans, the pointed extremity of each extending back to the angle of reflection; these are allowed to remain for twelve hours, when they are substituted by new ones, forty-eight hours generally sufficing to dilate the prepuce sufficiently for reduction. In a case we saw thus operated on at Hebra's clinic, the insertion was not altogether a painless affair.

Next presented a large cancerous tumor of the mamma, the adjacent axillary glands all involved. This participation of the axillary glands does not depend so much on the size of the tumor, or its age, as on its position. The nearer the outer surface of the mamma the more likely the infection of these glands, because the lymph vessels, which are everywhere abundant over the

mamma, here take the direction of the axilla. An operation on this case was refused with the remark that the patient had presented too late. He believes, and indeed occasionally shows patients in proof, that an early extirpation is often of permanent benefit.

Quite a little buzz of admiration was raised from the class a few days ago by the employment of the sounding board on the sound for stone in the bladder, the clink being audible over the entire class room, and we succeeded in raising the virtuous indignation of several of our Teutonic friends, by informing them that we had seen the instrument used in America fully three years ago. Indeed we do remember well with what peculiar gusto it was employed by the professor of surgery in the clinic of the University of Pennsylvania on the day succeeding that on which another eminent surgeon was reported to have cut another patient for a non-existent stone.

Having been favored with a card of invitation, we wended our way a few weeks ago towards the old university hall to witness the ceremonies of the annual celebration of the Academy of Sciences. We were shown into a large building, with a handsome facade, near the center of the city, at whose door we were relieved of our ticket by a porter in extravagant costume, who ushered us into the grand aula, where the ceremonies occurred. A really magnificent building was this aula, and possessing much historical interest; for it was here that the students were wont to congregate in secret in years gone by, to fire each other with the ideas which culminated in the revolution of '48. After this period the building was occupied by the military, until lately, when it has been devoted to the Academy of Sciences. The ceiling is everywhere handsomely frescoed, and the walls, plastered with a fine imitation of marble, are braced by fluted half columns of the genuine material. Above the center of each side, are inscriptions and allegorical representations of the four chief departments, theology, philosophy, jurisprudence and immediately over the speaker's desk, as filling the post of chief honor, medicine, represented by a dissection scene, with the inscription, "*Ars Tuenda et Reparanda Valetudinis.*"

We take our station near the door of entry, to observe Austria's eminent men in all the branches of science, as they appear all in heavy military court dress, with a sword suspended at their sides, and breasts bespangled with orders, all but the priests, who are present, too, in goodly number, attired in long black gowns,

closely shaven faces, and small round convex cap, covering the still smaller bald disc shorn right out of the center of the scalp. After order was established and an opening address read by the chief justice, as president of the society, Prof. Rokitansky was called to the stand to deliver his discourse, which was the main feature of the day. And so stands before us now as we pencil you these notes, that star of the first magnitude in this quarter of the firmament of science, which has shed forth its rays for so many years, and does still with scarce diminished lustre, and perhaps will after its existence ceases for long periods of time to come, even as astronomers tell us the case would be if one of our fixed stars should cease to be. And although the brighter light of a Virchow has shaded it a little in these latter days, it is always to be remembered, if we may be pardoned for continuing the simile, that Rokitansky's dates further back into time when the night was more obscure and when there was more need, if such an expression is ever right, of any light whatever.

Rokitansky is another self-made man. Toil and research and study are written in every furrow of his face. "*Inter tardia inter labores*," as Avicenna remarked of himself of yore, has he, too, only attained his present proud position. Nor has nature been lavish in her gifts. His delivery is exceedingly poor, voice low, grating, monotonous, manner perfectly passionless and passive. It is only by straining attention to the matter that one becomes cognizant of the wealth of ideas that dwell among the caverns of his brain. His subject on this occasion is the mutual obligation, or if you will permit a liberal translation, the connection between all forms of animal life; and as we only propose to retail you matters of gossip and novelty, we will content ourselves with the remark that it is strongly tinctured with Darwinism. It is followed through attentively by all that crowded hall, and its close is cheered quite lustily after the quiet, undemonstrative, German style, and it is only now, as he leaves the desk, that we catch his large, full eye, for he has never raised them once from his printed pamphlet during the whole three-fourths of an hour of its perusal.

Personally, we would call him ordinary, in the proper meaning of the word. We have looked again and again for some peculiarity of feature or expression whereby you might distinguish him from the rest of mankind, of average height and build, and fair preservation at, say, sixty years or more. But aside from the few points mentioned, we find none; so if we were compelled to describe

him we would have to do it negatively, and that, like the diagnosis by exclusion, requires too much time. Being then unable to individualize his person with a pencil, we will revenge ourselves by an attack upon his dress at this particular time, which he with all the others are called upon to assume on state occasions, and which derogates no little from the dignity of their positions. Fancy a professor, with gray hair, attired in a double-breasted blue coat, with a huge order on his breast flashing out like a light-house at sea, and a pair of white pants with a broad gold stripe, and a huge sword dangling at his side, prepared like an executioner for the dread arbitration of Solomon. However in the world reconcile all this with a pair of spectacles. But just think of poor old father Braun, with all his too solid flesh, toiling along, with the chain and cross of his rectorship about his neck, on that hot day of the procession of Corpus Christi, bareheaded and on foot, like the emperor and empress, and Beast, the prime minister, and all the dignitaries of church and state, each with candle in hand, to offer a public acknowledgment to all the inhabitants of the city and half of the neighboring country, who turn out every year to witness the spectacle of the truths of the christian religion, which it is safe to say scarce ten believed.

The building for pathological anatomy is one of the finest of all the medical structures and is most complete in all its arrangements. Every professor has his private room for his own investigations, and there are lecture rooms and dissecting rooms and rooms for medico-legal cases, besides the grand hall in the second story, which contains one of the world's finest pathological museums, the labor of the professor's life. To satisfy a popular demand, there is one long chamber in which all bodies are placed on watch for a number of hours after death, and it presents a singular spectacle when full, which is not seldom the case. Low beds are arranged on both sides of the wall, on each of which lies a corpse, attired in a long black gown, while the hand is attached to a rope connected with an alarm bell above, which continues to ring when once set in motion until checked by the guard. A little fee to the watchman will develop its *modus operandi*; otherwise it is needless to state they have never been rung.

The manipulation of a *post mortem*, however, does not at all compare with that of Berlin in care or elegance, the fact is the material is too large. Certainly no one would ever leave Berlin for Vienna either for its microscopical advantages, but for the beginner

the course of Scheitauer, Rokitansky's first assistant, leaves little to be wished for good demonstrations in plain, practical pathology. It is reported that Rokitansky will issue the new edition of his work next year.

Editor's Table.

MEDICAL EDUCATION, AND THE FEE QUESTION.—For a quarter of a century there has been no more fruitful topic of discussion among the medical profession of America, than the effort to decide what is for us the wisest plan of Medical Education: and incidentally the other vexed question of a proper remuneration to the teacher, has had its place and too often its angry place.

It will, perhaps, admit of a reasonable doubt whether all the efforts of the American Medical Association, or the resolutions of other medical bodies, and the editorials of the medical press, have really contributed any satisfactory solution to the difficulties that confessedly surround this question.

But, however much interested parties may cavil, this seems clear that *at last* the profession at large and the American Association as its representative body, *is in earnest* on this question, and when people are heartily in earnest, we may be sure that which is wisest, or safest, or best, will not long remain in doubt.

Much that has been written in all these years has been foolish and without point, but we also recognize that much of earnest and honest desire has been manifested for the elevation and improvement of our profession. In the study of this question, of course we do not overlook the fact that we have now and always have had many eminent American physicians, men of culture and practical usefulness, in all the departments of medicine and surgery; these, however, we also accept, as despite the imperfections of our system, and as the result of the fact that when and where the will determines, the result follows.

We have several troubles in our present plans of American Medical Education. One grows out of our system of free institutions and distinct state policy: this encourages, in this matter, the

ultra condition of democracy, so that practically, we have as yet no acknowledged head, or controlling power. Then closely associated with this is the immature and developing condition of our country in all its aspects, this has heretofore made it almost absolutely necessary to recognize as correct and regular, medical gentlemen who have not taken any full or systematic course of instruction or training.

Both of these obstacles are fast passing away, so far as the vast extent of our interior valley is concerned; and there is more and more demand for medical men who have thorough, complete culture and fitness for the care of the sick.

Another obstacle is in the profession itself. It is easy and the fashion at medical conventions and the like to take strong ground in favor of advance and progress, but at home the practical course of the larger body of physicians has been to encourage their students in attending schools where they *graduate easy* and where the *cost in all respects is small*. In this matter we affirm of what we do know.

So that, finally, the schools (no matter what their convictions, have been obliged to scud between wind and water), advance their requirements as fast as possible, but still accept the practical demands of the community on the one hand, and the profession on the other.

Just here it may be as well to allude to another matter, the excess of medical schools. We are told there are too many, that is undoubtedly true; but there are too many medical journals, too many medical men, the profession itself is starvingly crowded; but where are you to curtail? We suppose in the future as in the past schools, journals, and doctors will ask public patronage, until they are choked to death by circumstances, and then a new swarm will step in to take their place and try again the same experiment. So far as the grand question at issue is concerned, we think this feature is to have but little importance in the decision of duty.

Then what are the complaints? Hitherto students have gone into the practice without a diploma, with brief study, with imperfect training; you can not help all this as yet, *except* by absolutely refusing to recognize these gentlemen, however *correct, intelligent, or cultivated*, in all our *associated* enterprises. Medical associations must decline their indorsement, by declining memberships, *earnest* medical gentlemen must see to it that associations are kept alive in every county and city of the country.

Then we have a sort of "*olla podrida*," a mixed complaint that there is too little study, too little examination, too brief lectures, too easy requirements in general; in all of which medical schools, medical journals, and the profession at large mutually criminate the other. Our own idea about this is that each party is in a large degree at fault, and it is certainly by no means easy to define who shall exactly take the initiative, or to what extent and time desired reforms shall be introduced. But, for example, two of the oldest and most influential medical schools in this country retain the bare seven professors of thirty years ago, with no important advance in the material for demonstrative teaching, and scarce any advance in the lecture term; and yet the profession crowd these schools with remunerative classes, at full fees; while schools with able teachers, fuller plans, largely increased facilities, a disposition to greatly extend the lecture term, are struggling for existence.

And just here, perhaps, we may say a word about *Fees*. The American Association at its last meeting indicated very clearly its sentiment, though wisely we think in a strongly advisory way. The connection between fees and medical teaching is just this: no person can afford to teach medicine any more than anything else carefully, fully, patiently, except he is compensated *in some way*. Two or three members of every Faculty are supposed to have such prominence given to them as that they are paid by reputation and increased practice; some are contented with the general glory attendant on the professional title, some really love teaching and are willing to make some sacrifices for the gratification. But after all few persons are willing to persistently continue their *earnest, faithful* duties as medical teachers except with a reasonable compensation or its anticipation; and most of those schools based on the "*cheap idea*," are conducted at the expense of the Faculty. Cheap rates grow out of the sad system of supposed competition: one school of reasonable character and facilities at nominal rates makes a necessity for all its neighbors taking an approximate position, this goes out like the ripple of a wave, indefinite in its influence, so that in the end none are benefited and all suffer. We say none, we include students as well as schools. To some extent pride and the motives already named that keep men in medical schools, also impel them to a degree of preparation for their duties, and the accumulation of illustrative material; but we can not doubt but a fairer amount of compensation would secure ampler provision for all the features of a complete system of

medical education; men would be stimulated to better work, better resources, a higher fitness in all respects, even were the question of remuneration settled by the impossible theory of disbanding a large number of the schools and thus concentrating large and paying classes in a few colleges, we do not think the profession would be benefited.

On this point, however, we desire to be explicit. We do not agree with our friends who concentrate all the *morals* of this question in the *idea of Fees*! We believe there are *various* directions of reform, of which this is by no means the most important. We believe certainly that it will be better, wiser, in all respects for increased compensation as one of the elements stimulating to improved teaching facilities and enterprise; but after all, we see no particular question of morality whether a school charges \$50 or \$150 for its course of instruction; but as a matter of mutual courtesy and general good *policy*, it is important that the Fees be made as nearly uniform as possible, and among the schools of this particular region elevated say to \$120.

Now to come back to the general question. We can not accept the standard dictated by any man or school, however excellent it may be abstractly, because herein is no accepted authority: even so respectable a body as the late Convention of Teachers failed for want of any power to carry out its plans. We suppose, however, the following are among the chief wants of the profession at present: more thorough preliminary education, to both fit the student for his special training and study and to more completely place him in full rank as a cultivated gentleman in society; such remodeling in the whole system of teaching as will facilitate and ensure *thoroughness*. In this we may embrace a longer period of pupilage, longer terms of lectures, more courses, more definite clinical study, more systematic plans of private pupilage, systematic grading and examinations, as, perhaps, expressing the idea of our best practical teachers of medicine. Much of all this was embraced in the plan of the Convention of Teachers, but various reasons have interfered with the general adoption of that plan as we all have seen.

Now we say, that there is evident a crystallizing of purpose to take some decided advance ground, and we believe the American Association alone has the power to take the initiative. We think there is an expectation and purpose that she will take positive ground next year, and we expect to sustain that ground and abide

by it, whatever it is. Neither have we any disposition to dictate the position to be taken, so the plan is complete. To make it so we suggest: That the Association determine and declare by report of a judicious committee as basis, perhaps, a *standard*—the actual standard of the Association, not an *ideal standard*, but such an one as the state of the country and the profession will easily accept now, expecting, of course, to progress beyond this as fast as necessity demands. Let this standard express the preliminary requirements, the general course of study, the length of the pupillage, number of courses of lectures, their length and general plan, together with all that is deemed right and wise for the present day; *include if best and we think it is*, a proper scale of fees. Then refuse representation in the Association to all schools or associations that disregard this plan, or refuse to adopt it.

If all this increased and stricter requirement should diminish classes and perhaps disband schools, so be it: doubtless, in both respects, the profession at large and the community would be vastly the gainers. In some exceptional cases, a greater difficulty in securing access to the ranks of the profession, might operate hardly; but the improved status, the greater excellence, would make a position in the profession so much more desirable as fully to compensate for the greater difficulty of its attainment.

MEETING OF THE MEDICAL CONGRESS.—The second session of the "Medical Congress of all Nations" commences on September 20th, in Florence, and will last two weeks. According to the printed circular, just received, the following questions will be discussed at that meeting:

1. Marsh Miasm—the conditions which favor its development in different countries; its effects on the human system; and the most efficacious means for counteracting its causes and effects.

2. The therapeutic value of the different local methods of treatment in cancerous affections; as well as the value of general remedies.

3. The treatment of gunshot wounds, in their relations to the progress of the art of war, and to modern international law.

4. The hygienic conditions of hospitals and the value of domiciliary assistance.

5. The influence of railways on human health.

6. The conditions which favor the origin of general diseases (endemic and epidemic) among the populations of large cities; the

means of their prevention, and the advantages to be derived from the great rivers and the sea which washes them.

7. The rights and duties of physicians in relation to the laws of different countries; and what improvements can reasonably be expected.

The Congress will be presided over by Prof. Bouillaud, of Paris, until the election of a new president, which will take place at the first meeting.

The Journal of the Gynecological Society, of Boston.—We have received the first number of this Journal, J. ly. 1869, and heartily commend it to our readers. It is in this initial number somewhat objectionable to many of us, in its fulsome laudation of its editors, which we, with Mr. Campbell, could see with a genial *professional* eye; but aside from this it has a double excellency as the organ of the Boston Society, and as particularly devoted to this specialty. As applicable to some who enter over zealously and from improper motives upon the practice of Diseases of Women we reproduce the following quotation, which we find incorporated in its editorial department:

“Foolish and unscrupulous men have a peculiar tendency, easily accounted for, to cultivate the diseases of the sexual organs. And the history of the progress of gynecology in our day would, if truly given, cast as much disgrace on some individuals as honor upon others. Fortunately, its worst side will probably never be thoroughly exposed; for the fittest of fates, oblivion, awaits much that is now vaunted: the discovery and diligent treatment of diseases which do not exist; the use of treatment, the danger of which is greater than that of the disease; the recommendation of remedies and operations regarding which little more is known than their names; the facile juggling with remedies of which it is the one sufficient recommendation to have a new name; the systematic concealment of disasters resulting from such treatment. These evils, rife in our own day, should be forgotten, and medical men should combine to bring the intellect into, and expel the imagination from, so noble and so important a subject as therapeutics. If a laborer in gynecology discovers a single new fact, whether pathologic or therapeutic, or establishes a new principle, he secures something forever for science and humanity. In gynecology great progress is being made; but ‘blinding dust’ is the chief result of the labor of many of its most notorious if not famous promoters.”*

* On Perimetritis and Parametritis. Adam and Charles Black, 1869, p. 215.

DR. JAMES McNAUGHTON has been elected President, and Dr. James H. Armsby, Professor of Surgery, by the Faculty of the Albany Medical College, in place of Dr. March, deceased.

"SWEET QUININE."—We have several times alluded to this new pharmaceutical product, prepared and introduced to the profession by Mr. Stearns, of Detroit. We had supposed, theoretically, that the preparation was the pure alkaloid *Quinia* enveloped with some liquorice preparation. The editor of the American Journal of Pharmacy, has taken the trouble to make an analysis of this "Sweet Quinine" and pronounces it to be "the alkaloid *cinchonina* precipitated from the sulphate, dried and triturated with an impure glycyrrhizen prepared from liquorice root." *Cinchonia*, undoubtedly has similar antiperiodic properties with *Quinia*, but in an inferior degree.

PROFESSOR THEOPHILUS PARVIN, who was to have taught the combined subjects of "Obstetrics and Medical and Surgical Diseases of Women," in the Medical College of Ohio, has resigned that position to accept the chair of "Medical and Surgical Diseases of Women" in the University of Louisville.

Reviews and Notices.

ANOTHER NEW JOURNAL.—*Archives of Ophthalmology and Otol-ogy*. Some time ago we noticed the proposition of Messrs. Wood & Co., to issue in this country, simultaneously with a German edition, a new journal with the above title, devoted to the interests of Eye and Ear diseases. We have just received the first number, of 364 pp., profusely illustrated with chromo and lithograph plates. It is edited by Prof. H. Knapp, of New York, and Prof. S. Moos, of Heidelberg. Two numbers of this character will be issued annually at \$7 a year. Address Wm. Wood & Co., of New York. The Archives will constitute an important contribution to this department of medicine.

A Treatise on the Function of Indigestion: its disorders and their treatment. By F. W. PAVY, M. D., F. R. S., etc., etc. From the second London edition. Philadelphia: Henry C. Lea. 1869.

With a superficial view of the various steps in the process of digestion, its physiology, one would think that mastication, gastric digestion, absorption, etc., was so simple in its character, easy and proper, that but little danger could arise of serious derangement in the process. And yet nothing is so familiar to the practical physician as some of the various changes which arise in this important function; nothing so familiar as its serious and obstinate character of manifestation, and nothing so true as the persistent resistance to medical aid, especially of drugs. Whoever, therefore, adds a clear word of advice, makes a clear suggestion of the shade, of pathology, is a professional benefactor, certainly, if not a general friend of the afflicted.

This little volume gives a running commentary upon all the derangements usually observed in those troubles known in vague terms as "dyspepsia," or "indigestion," and we really think has made a valuable contribution to this field of our professional literature. It is concise, evidently based upon extended personal observation, and we commend it as a little book well worth the reading. For sale by Robert Clarke & Co.

The Surgical Treatment of the Diseases of Infancy and Childhood By T. HOLMES, M. A., Cantab., Late Surgeon to Hospital for Sick Children, etc. Second edition. Philadelphia: Lindsay & Blakiston. 1869.

In order that the reader may somewhat clearly appreciate the idea of Mr. Holmes in preparing this very excellent book, we quote from his preface: "The differences between the surgical diseases of children, and those of adults are differences in kind—namely that some such affections only occur in early life, or differences in degree—namely, that the course of some affections is specifically different in childhood from what we see in mature life, and also that the course (and, therefore, the prognosis) of these affections which do not display any specific difference, is yet more or less modified by the constitutional peculiarities of childhood.

"The surgical affections which occur only in early life, are all the malformations, the separations of the epiphyses, croup, rickets, congenital syphilis, enuresis, cancrum oris, and noma, with a good number of congenital affections, such as hydrocele in various forms, innocent tumor, and some others."

The present is a second edition, materially modified to meet the suggestions of critics and friends who reviewed the first appearance of the book; and in accordance with the foregoing quotation from the preface, we find nearly forty chapters devoted to the elaboration of the topics embraced in the plan of the author or naturally associated with them as part of the proposed series of diseases peculiar to children, demanding surgical treatment or interference. We find quite a number of good wood-cut illustrations—more than a hundred—and several colored lithographs.

For sale by Robert Clarke & Co. Price, \$5.25.

A Treatise on the Diseases of the Eye. By J. SOELBERG WELLS, Professor of Ophthalmology in King's College, London. First American edition with additions. Illustrated. Philadelphia: Henry C. Lea. 1869.

In another place we notice a briefer work by this same author on defects of sight. This volume is a full and elaborate work on the important diseases of the eye, medical and surgical, which the ophthalmologist may be called to treat. We can scarcely go into any analytical examination of the matter of this book, because, in the first place, to do so would in itself be a treatise on diseases of the eye, which we are not prepared to make, and then it is, perhaps, sufficient to say in general terms that Mr. Wells is good authority and has evidently prepared a useful book. For sale by Robert Clarke & Co.

35 cents per number.]

[\$3.00 per year in advance.

THE JOURNAL OF THE Gynæcological Society of Boston.

EDITED BY

WINSLOW LEWIS, M. D. HORATIO R. STORER, M. D. GEO. H. BIXBY, M. D.
PUBLISHED MONTHLY.

This Journal is devoted to the advancement of a knowledge in the Diseases of Women. It contains besides the official reports of the Society, original papers by men eminent in this special department of Medicine and Surgery; and, also, editorials criticizing movements interesting to the Medical profession.

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Original Communications.

ART. I.—*Generalization of Eighty-eight Cases of Pneumonia, with Remarks.*

BY O. G. SELDEN, M. D., Shanesville, Ohio.

Pneumonia, which, in the locality where I reside and practice, is every year endemic, during the winter and spring months of the year, has, during the past months of February and March, and early part of April, been of unusual prevalence. No such visitation of the disease has occurred during my residence here, now more than twenty-three years. If it were not a solecism to say of a disease known to be dependent on atmospheric vicissitudes, that it is *epidemic*, I should say we have passed through an epidemic of pneumonia. I propose, in this paper, to present a generalization of the cases met with, their peculiar features, the treatment, and its results.

From the first of February to the middle of April, there were treated from our office eighty-eight cases of pneumonia, carefully excluding those where bronchial symptoms were the marked feature. Of these, twenty-six were of the right lung, forty-six were of the left, sixteen were bi-lateral, eight were bronchial pneumonia, and thirteen were complicated with pertussis.

The disease attacked all ages, from the infant a few weeks old

to the aged of three score and ten, and equally all conditions of life. A majority of cases, however, occurred in children under ten years of age. The cases were carefully watched, and their condition noted, from day to day, and this *resume* is made up from notes and observations made at the time. A large majority were seen by myself, and the rest are taken from notes and observations made by my son, Robert Selden, M. D.

The disease was ushered in by the usual premonitory chill, followed by fever, headache, and general *mal aise*, pain in one or both sides of the chest, usually in the lower lobes of the lungs, and, in the great majority of cases, attended with a very troublesome hyperemesis. I have never seen gastric disturbance so generally attending this disease. No case was arrested before passing into the second stage, and the mean duration of the disease was about eight days. Delirium was a very common and marked symptom, sometimes violent, but oftener low and muttering. The great majority of these cases were of unusual severity, a much larger proportion than I have ever met with in a like number of cases. The type of the attending fever was essentially typhoid.

The peculiarities of this visitation of pneumonia were the unusually great proportion of grave cases, the urgency of gastric symptoms at the outset of the attack, and the almost universal occurrence of delirium at some period during the progress of the case.

The treatment pursued was what many would hardly call *secundum artem*. It was usual to commence by administering a purge, composed of calomel, rhubarb, and bi-carb. sodæ, it having been observed that the vomited matters were strongly acid. After the operation of the cathartic, we gave, during the stage of engorgement, nauseant doses of tart. ant., or ipecac, with anodynes in the form of Dover's powder. As the disease advanced, and the parenchymatous structure of the affected part became solidified by effusion, this was changed for bi-chlor. potass. in free doses, with anodynes as before. The bi-chlor. potass. was given under the theoretical notion that it supplied the system with oxygen, which the diminished capacity of the respiratory apparatus failed to inhale in sufficient quantity to meet the demands of the animal economy. Veratrum, in the form of Norwood's tincture, in sufficient doses to control the pulse, was given in all cases that seemed to demand it. Blood-letting, either general or local, was not employed in a single instance. When the typhoid stage became well

marked, by frequent and irritable pulse, tendency to diarrhœa, low muttering delirium, and hot and dry skin, stimulants and tonics were employed freely. For stimulants, wine and whisky punch were given, and as a tonic, quinia with anodynes. As good alimentation was given as the patient could be induced to take, preferring, in the early stages, a farinaceous diet, and later, such food as furnished mainly nitrogenous principles. Milk and cream, diluted with water, were freely given to children during the whole course of the attack.

Blisters were applied in only one case. This case presented a singular peculiarity, the disease attacking the upper and lower lobe of the left lung, while the middle portion remained free from disease throughout, giving out good resonance on percussion, and a healthy vesicular murmur on auscultation. The case was one of great gravity, the delirium was constant for many days, and the prostration of strength extreme. The blister was applied, not because of any great faith in its efficacy, but it was one of the means to be used, and the case threatened to terminate fatally. No relief followed the vesication that might be fairly attributed to it, but the patient finally recovered. The topical applications most employed were the cataplasm of mush and mustard. The quantity of mustard used depended on the age and strength of the patient, but always enough to effectually redden the skin. When this was effected, the poultice was removed, and the whole chest thoroughly rubbed with melted lard, and covered with flannel next the skin. If thought necessary the poultice was again applied, when the redness of the skin had subsided, and so on, again and again. Great attention was given to the general condition of the patient. In fact, the treatment was directed toward this rather than the removal of the local trouble by any of the theoretical means laid down by authors on the subject. Many cases required tonics and stimulants from the first, some sooner than others, and none of the graver cases recovered without sustaining treatment in some form. The result of this practice was eighty-five recoveries and three deaths.

Of these three fatal cases, Case I was a case of broncho-pneumonia, complicated with pertussis, in a child ten months old. The treatment was mainly such as I have described, but it grew gradually worse, and on the sixth day the patient perished in an attack of suffocative dyspnœa.

Case II was an old man of sixty-five, who had suffered from

eight attacks of pneumonia previously, this being the ninth. He had bi-lateral broncho-pneumonia, attended with extreme dyspnoea, constant delirium, and great prostration. He came under our care on the fourth day of the attack, and we were obliged to place him on stimulant and tonic treatment at once. Notwithstanding the unfavorable aspect of the case, the amendment was steadily progressive, and on the twelfth day the patient was fairly convalescent. He had no pain or fever, pulse normal, appetite good, expectoration free, some deposit in the base of both lungs, which was rapidly disappearing. He was now warned that great caution must be exercised during convalescence, as his age and enfeebled constitution rendered him peculiarly obnoxious to a relapse. He was very confident of recovery, and remarked that he had always got well when once the fever was broken; that he felt he was now free from fever, and had no fears but he would recover. Eight days afterward I was hastily summoned, and found the patient insensible, with heavy labored respiration. I was informed that since my last visit he had steadily improved until that day, when, after imprudent exposure, he had been seized with a chill, which lasted two hours, and left him in the condition I found him. Physical exploration of the chest revealed no pulmonary trouble, and the immediate cause of death was congestion of the brain.

Case III was a simple bi-lateral pneumonia, in a child one year old. The patient was very intractable, the parents indulgent, and impressed with the belief that the patient could not recover. Finding it was impossible to procure adherence to any plan of treatment that gave a rational hope of success, the case was abandoned, and the child died on the seventh day. Many worse cases recovered, and we can not refrain from the opinion that a correct treatment, thoroughly carried out, would have brought this one safely through.

The results of this practice in pneumonia will, I believe, compare favorably with any yet given to the profession. According to a late writer, Dr. Koeter, of Beme, Switzerland, the lowest rate of mortality yet reported for this disease is 8.3 per cent., while the ordinary percentage is 20.7. It will be seen that a loss of three out of eighty-eight gives a per cent. of a fraction less than 3.53.

I have been accustomed to observe and treat pneumonia every year, more or less, during my whole professional life, now nearly thirty years. During my studentship I was taught to believe in

the essentially sthenic nature of all inflammatory action, and that it could only be controlled by depletion and evacnants, generally and locally. Of course I carried these ideas with me into practice, and acted upon them. In the winter and spring of 1848-9, pneumonia prevailed extensively in my neighborhood, and I treated a large number of cases. The treatment was, bleeding, general and local, tart. ant., calomel, and blisters. I met with average success, but I observed that, after the subsidence of the disease, my patients remained weak, and did not fairly recover, until the warm weather of spring and summer came on. I was often impressed with the thought that I was depleting too freely, but my cases were severe, and I was young, and dared not turn aside from the beaten track of practice. The following year the disease was less prevalent, and less severe, and I ventured, in a few cases, to dispense with general bleeding, and confine myself to the local abstraction of blood. The success I met with, and the perfect recovery of my patients, gave me courage to dispense with both general and local depletion in the majority of cases, but I still adhered to calomel, tart. ant., and blisters. The difficulty of having a blister properly dressed, the pain of its application, the failure to observe its controlling influence over the disease, and its interference with the proper physical exploration of the affected part, led me to employ them less frequently. Then the introduction of the *veratrum viridi* to the notice of the profession, and having so often noticed its influence in controlling inflammation, by its sedative action on the heart and arteries, has had its influence in changing my practice in inflammation. Also, the more perfect knowledge of the pathology of inflammation, especially of pneumonia, has contributed to lead me to my present course of treatment. I do not consider my plan of treating pneumonia a perfect one, or even that it is the best, and may, and probably shall, change my views in the future, but with my present ideas of the pathology of the disease, developed through many years of large practice, close observation, and rather extensive reading, I can only express my confidence in the treatment herein laid down, by saying that if I were attacked with this disease, I should wish to be treated as I have treated others.

Since writing the above the author has seen a synopsis of a paper read before the London Medical Society, by Dr. Hughes Bennet, in which it is claimed that, under what is in England called the "restorative" plan of treating pneumonia, the mortality is one in twenty-seven or thirty. See *Rankin's Abstract*, July, 1869.

ART. II.—*Monstrosities Again.—A Critic Reviewed.*

By E. MENDENHALL, M. D., Zionsville, Ind.

In the June number of your journal appears an article under the caption, "Congenital Abnormities," from Dr. G. N. Duzan, which is truly amusing, if not very instructive. It is an attempt to criticise our article in the April number of said journal. After quoting liberally and changing somewhat the language used by us, he gratuitously assumes that the animal resemblances spoken of were only "fancied," and then dogmatically asserts, "and hence the announcement of a newly-discovered physiological relation between the material organism and the fœtus in utero."

Now, Mr. Editor, I really supposed the readers of the *Lancet* were gentlemen of intelligence, and would therefore discover nothing *new* in the questions and suggestions therein made; for ever since the days of Hippocrates to the present time, the idea that mental impressions affected the fœtus in utero injuriously or otherwise, has obtained the popular assent and credence among the greater portion of the human family; and *within certain limits*, has been maintained by men who stood deservedly high in the medical profession. "Such notions upon this subject have existed from the earliest history of the world." Hippocrates, Galen, Quintilian, Denman, Dewees, Hooper, Dunglison, Gross, and many others speak of it as a prevalent opinion; and especially has it been advocated by some within certain specified restrictions. The fact, however, that these writers alluded to it at all is conclusive evidence that if we should apply for a patent for the "newly discovered physiological law," which our critic fancies has just now been announced to this benighted world for the first time, we would utterly fail in our attempts to thus immortalize our name. If it were true that any such announcement or claim had been made, there would have been nothing new in it to the minds of your readers, I presume, except to that of our reviewer, to whom, no doubt, judging from the animus of his language, it was altogether *new*. The intelligent reader, however, will discover that we made no such announcement at all, nor set up any claim for a "newly discovered physiological law," or any such thing. This existed only in the fanciful brain of our sagacious reviewer. We only asked a few questions in reference to the *cause* of the abnormal condition of the case then under consideration, and gave a few

suggestions in regard to the *possible* manner, the *kind* of person in which, and the *time* when such "aberration from the ordinary course of nature" *might* be produced.

We made no attempt to settle this mysterious phenomenon, or "promulgate such a notion as a physiological verity," but only sought information of those who *felt* they were *competent* to clear away the clouds and portray in vivid light to the minds of all lovers of scientific knowledge the *true* nature and rationale of the *incipient* motive power in the creation of such monstrous products. In thus seeking information, we suspected there might be some one with a logical turn of mind, deeply impressed with his own importance, who would be likely to embrace an opportunity to impart the heretofore undiscovered secret. We therefore said, "let those who ridicule and laugh at the idea of mental impressions in the mother affecting her offspring, give a more reasonable and satisfactory answer if they can." We also said, "we did not assent to the various superstitious notions entertained by some on this mysterious subject." Luckily, light was near at hand, only waiting an opportunity to *explode* and *dissolve* all mysteries, and drive away all the mists of darkness which has so long enshrouded the "mystic handy-work of cell-genesis," in creating congenital abnormalities.

After stating that perversion of development depends "upon a modification of cell-genesis," he imparts the great secret with the most astonishing ease and simplicity, in the following laconic manner: "Would it not have been more rational to have regarded the case reported as one of hydro-rachitis?" Yes, hydro-rachitis! A wonderful announcement, truly! But would it not have been a monster still? Anticipating, no doubt, that some inquisitive person might ask *what caused* the hydro-rachitis, he astutely fortifies his position by further explaining "that the peculiarities described *were caused* by arrested ossification of the occipital bone and cervical and dorsal vertebræ!" A convincing elucidation, surely; and satisfactory, no doubt, to himself, if not to others. But just here our critic reminds us of the colored preacher, who was expatiating very eloquently on the origin of man, stating that "God made de first man, Adam, out of de dust of de earth, and set him up against de palin' fence to dry." Some inquisitive person in the congregation arose and said, "Jist hold on dar, sar, I wants to know who made de palin' fence!" "Sit down dar, you Sambo,"

said the minister, "such questions as dat will demolish de best theology in the universe."

Now, if our reviewer should be pressed a little further, and a demand made to know the *origin*, *ab initio*, or first procuring cause of this *modification* of cell-genesis, and what *caused* the process of ossification to *cease*, we fear his inquisitor would fare no better than poor Sambo did; but would be informed that such impertinent questions would utterly demolish all such visionary *theology*, and make it apparent that all such *baseless* theories and doctrines are just so much *dogmatical* nonsense! Until the beginning or *primeval* cause of all such deviations are pointed out in a more clear and logical manner, doubtless some will be so uncharitable as to ascribe such explanations to the idle dreams and lucubrations of some *egotistical* pedagogue.

Again, he says the modification of cell-genesis "can in no wise be ascribed to the maternal organism," and intimates that images impressed on the mind of the mother can not cause an aberration in the developmental force of the fœtus." How does he know this? What proof has or can be given that mental impressions can have no effect upon fetal development? On the contrary, almost all writers on the subject of pregnancy give special directions and cautions to the female, that she should avoid all causes of mental perturbation, and preserve an equanimity of temper and disposition. This is evidently intended that the healthful and normal development of the child may not be interfered with.

Let us examine the gentleman's theories a little further in their application, and specify a few cases out of many that might be given. Prof. Gross, in a clinical lecture on *Nevi Materni*, in September, 1867, as reported in the *Medical and Surgical Reporter*, page 338, uses this language: "The popular belief is that these marks and excrescences upon children are produced by desire, fright, or mental emotions on the part of the mother. This would be a plausible theory if the fright occurred at conception, at the beginning, and not during the latter stages of pregnancy." So it appears from this that Prof. Gross was not ignorant of the popular belief that mental emotions might affect the fœtus in utero, and acknowledges the theory to be a *plausible* one, if confined to the first moments or early period of pregnancy.

Again, in the *Nashville Journal of Medicine and Surgery* for May, 1861, and quoted in the *Medical and Surgical Reporter*, page 318,

occurs this language: Dr. Davis is a firm believer in the development of abnormalities and inhumanities in utero, through the influence of the mother's mind. He narrates a case in which a woman had been, during her pregnancy, frequently frightened by a horse. "Labor came on in due time and the object of labor was expelled lifeless. To the astonishment of the husband and the attendants, it proved to be, instead of a child, something like the shape of a horse. Its head, ears, nose, neck, body, feet and legs, were all as much like a horse as if it had been sired and foaled by that species of animal." Again, Dr. Davis describes a second case: "The lady during her pregnancy had taken a great fancy to a monkey, and miscarried. The object, when expelled, from its neck had the appearance of a well formed four months' male fœtus; while its head, mouth, nose and ears, resembled those of a monkey!" Does this look like the "announcement of a newly discovered physiological law," when we mentioned mental impressions or physical weaknesses as a probable cause of *many* of the defects and deformities before spoken of? Surely not. But according to our critic's assumption it was only fancy, that metamorphosed the foregoing specimens into a horse or a monkey, or by inference they presented *no such* appearance at all. This assumption merits no reply. But to apply his theory and promulgate a "physiological verity," those cases should be regarded as hydro-rachitis, or some other kind of *rachitis!* and that the peculiarities were caused by a modification of cell-genesis; thus developing the malformations before described! Just here our reviewer, in order to clear up all doubt on the subject, and leave no possible chance for mental impression, to cause an "aberration of the developmental force of the fœtus," should unfold beyond all cavil the great secret which caused this *modification of cell-genesis* to take place, and *produce* as its developmental results, the peculiar form and features of a horse or a monkey. We would be inclined to insist upon an answer to this interrogatory for further elucidation, but will forbear lest the pedestal of his brilliant theory will be *non est*, and found to have existed only as a mental hallucination. Until a more philosophical theory, or clear exposition of the primordial element in causing such abnormal developments to take place, *resembling* the various objects which had been the *apparent* occasion of mental agitation or gratification of some desire in the pregnant female, our faith in regard to the probable origin of the perversion of development, will not be materially modified

from that heretofore expressed. All the pretended light afforded by our reviewer, proves to be nothing but darkness.

In conclusion we remark, it is a noble ambition that prompts any individual to investigate fairly, and enter upon the discussion of any subject, with a sincere desire to enhance our medical knowledge; but we think it will be some time in the future before "Medical science will reach the acme of perfection and glory," if some of its votaries continue to foster untenable doctrines and flimsy theories, substituting gratuitous assertions and ridicule for logic, and then denounce with unbecoming professional courtesy, as supporters of "superstitious notions, dogmatic doctrines and the dreams of the visionary," those who propound an inquiry, or venture to make a suggestion in reference to any scientific principle or physiological law not yet definitely established.

ART. III.—*Medical Chemistry, VI.—Microscopic Examination of Urinary Deposits.*

By J. B. HOUGH, M. D., Ridgville, O.

By the term *deposits* is meant all that portion of urine that is not liquid when passed or very soon afterward. The term should not include those bodies that are precipitated by the action of chemical reagents or by the process of decomposition. Normal urine, under ordinary circumstances, may be allowed to stand long enough to let the deposit settle to the bottom of the vessel; but urine that is alkaline when passed will, if not already partially decomposed, speedily become so, and yield precipitates that should not be considered as deposits, since normal urine, during decomposition, throws down the same. Hence, before setting aside a sample for deposit, and also before examining the sediment, it is important to test the reaction. The observer should be provided with a compound microscope having good acromatic objectives of powers from fifty to four or five hundred. A medium power of about two hundred will answer for almost all the objects that fall under observation.

A *small* drop of the sedimentary urine from the bottom of the vessel of the vessel is placed on a clean glass slide and adjusted horizontally under the objective. If high powers are used the

drop should be covered with a thin glass. The beginner will be surprised and confused with the variety of objects revealed, each of which should be diagnosed or analysed by some such system as the following; observing the same numerical references as used in the analytical tables, Nos. I and II (*Lancet and Observer* for October, 1868):

TABLE III.—*Deposits from Normal or Abnormal Urine.*

1. The body under examination is crystalline in form. (Bounded by or containing one or more straight lines or well defined angles).....	2
1. It is amorphous; having the appearance of an accidental or shapeless fragment.....	7
1. It appears to be definitely formed, but not crystalline.....	8
2. Crystals prismatic; usually three sided; variously runcated at the ends.....	3
2. Regularly or irregularly star shaped or radiate.....	3
2. Resembling a curved feather with the vane stripped from one side.....	3
2. A mass of fine prisms or needles, with their extremities free, producing a somewhat radiate form.....	4
2. Octohedra; bounded by eight equilateral triangular surfaces.....	<i>Oxalate of lime.</i>
2. Hexagonal plates with or without nuclear marks.....	3
2. Lozenge shaped and variously formed crystals, differing generally from those above mentioned*.....	5
2. The urine of persons living on a vegetable diet may occasionally furnish beautiful minute feathery tufts of.....	<i>Hippuric acid.</i>
3. Readily soluble in dilute acetic acid.....	<i>Ammonio-magnesian phosphate.</i>
3. Insoluble in dilute acetic acid.....	6
4. Soluble in dilute chlorhydric acid.....	<i>Phosphate of lime.</i>
4. Insoluble in dilute chlorhydric acid.....	5
5. Soluble in liquor potassa.....	<i>Uric acid.</i>
5. Insoluble in liquor potassa.....	3
6. Soluble in dilute chlorhydric acid.....	<i>Cystine.</i>
6. Insoluble in dilute chlorhydric acid.....	5

* The crystalline forms of *uric acid* are so varied that the student should familiarize himself with them by producing them under varied circumstances.

7. Soluble when warmed...*Amorphous urates of soda or ammonia.*
7. Soluble in acetic acid.....*Phosphate of lime.*
7. White and milky; insoluble by heat or acetic acid.....
Chylous matter.
8. Spherical bodies with dark edges; soluble in sulphuric ether...
Fatty matter.
8. Spherical bodies, occasionally pierced by acicular crystals of uric acid; soluble when warmed... ..*Urate of soda.*
8. Bodies spherical or disk-shaped, of a dark or brownish yellow color; insoluble by ether or heat; deposited from urine containing albumen, and having a diameter of about $\frac{1}{3000}$ of an inch, are probably.....*Blood corpuscles.*
8. Spherical bodies having a granulated appearance..... 9
8. Irregularly-shaped scales, either separate or united in patches
Epithelium.
8. Tube-like or cylindrical bodies.....10
8. Bodies having somewhat the shape of an hour-glass or dumb-bell.....11
8. Oval bodies, with delicate caudal appendages.....*Spermatozoa.*
9. Granulations in stringy aggregations.....*Mucous granules.**
9. Granulations separate..... ..*Pus corpuscles.**
10. Hyaline tubuli; so nearly transparent as to be scarcely visible; supposed by Lehman to be the *membrana propria* of the urinary ducts.....
10. Epithelial lining of the tubes of Bellini; more opaque than the former.....
10. Croupous exudations, formed within the tubes of Bellini.....
10. Fibrinous casts or cylinders, formed within the uriniferous tubules.....
11. Soluble in liquor potassa.....*Uric acid.*
11. Insoluble in liquor potassa.....*Oxalate of lime.*

In the above table no notice is taken of bodies that may be *accidentally* present. Urinary calculi, being more properly objects of chemical analysis than of microscopic research, are also omitted. It is hoped that the table may prove useful to those who, from want of training or experience, may find it difficult to diagnose what their microscopes reveal.

* So much difficulty is found in distinguishing pus and mucous granules that the student should familiarize himself with them by comparing them with each other and with blood-disks.

ART. IV.—*Addison's Disease.*

BY DR. H. H. CLARK, Albion, Ill.

Mrs. S—— called on me March 14, 1857, to extract a tooth for her—a superior canine. Whilst examining the tooth I noticed a peculiar brownish mottled color of the right side of the neck and face. Never having seen it I was induced by curiosity *and for information* to ask its cause, when she gave me the following history. At nine years of age she suffered from malignant scarlatina, followed by some kidney trouble, accompanied by dropsical effusion, from which she was nearly two years in recovering. She has never been strong since, at all times suffering with pain in the loin, which occasionally becomes very severe. At fourteen she menstruated, and not long after noticed a bronze colored spot just beneath the right breast. These kept making their appearance till the right shoulder, breast, and neck were more or less spotted, some quite dark colored, others a deep, yellowish stain. At twenty-three she married, three months subsequently becoming pregnant. During the whole term had trouble with the kidneys, and the bronze spots becoming much darker. After delivery she regained her ordinary health, but not quite as fleshy as formerly. In September, 1868, she became pregnant (her first child being two years old). In November applied to me for relief from pain in the back and stomach. The urine being scanty, I gave acet. potassa, one drachm three times a day, which caused a free flow of urine and acted gently on the bowels, giving decided relief until the period of quickening. From this date pain in the back and head, with constant nausea and vomiting, were almost constant; the last so persistent that every thing swallowed was instantly rejected. At the eighth month she was so prostrated as to faint on assuming the sitting posture; and if left quiet for an hour would be so comatose as to be aroused with extreme difficulty. The urine was small in quantity and loaded with salts and albumen. I had tried every thing I could devise, to no purpose, and as a last resort, urged by friends, consented to the induction of premature labor. While making arrangements for assistance, she had a slight convulsive attack, confined to the right side of the body.

For this I was induced to give her bromide potassa, twenty grains every four hours. After the fourth dose she became quiet, and passed a pint and six ounces of urine. The vomiting entirely

ceased. She retained some food and enjoyed some refreshing sleep. In short, went to full term of gestation with nothing more than ordinarily occurs. The bromide was given, ten grains night and morning, till after delivery, at which time the kidneys were acting freely and the bronzing of the skin very much lighter in color. That the amendment was due to the bromide I am satisfied from the manner in which it took place. First, the vomiting ceased; then quietness came, with the mental faculties perfectly clear and not disposed to coma, as heretofore, but quiet sleep, a free flow of urine, and lastly, return of appetite, power and ability to retain food. How it acted is the question. Was it as an alterative and diuretic? Or as an anti-emetic and nervous sedative, obtaining the retention of food by its direct action on the nerves of the stomach, and sleep, by its general action. I believe it to be the latter, as the action was too rapid for its alterative powers. Another question is, what had scarlatina to do with developing this disease, if any? If it did not cause it, may it not have left the kidneys in a condition favorable to its development, when from other causes the kidneys should be overworked or unduly excited, which being followed by a debility (local), runs into the form of Bright's disease, *i. e.* suprarenal melasma?

ART. V.—*Amputation of the Thigh resulting from Injury received nearly four years prior to the operation.*

By FRANCIS H. MILLIGAN, M. D., of Wabashaw county, Minn.

Asahel Loomis, aged twenty-three years. American. Occupation, farmer. At the battle of Pittsburg Landing this man was wounded in the right knee, by a minie ball; the ball penetrating and lodging in the spongy substance of the head of the tibia. His wound was dressed on the field, and, with other wounded, was put on board of the hospital transport, and was sent to Cincinnati, Ohio, where the ball was extracted eight months after the original injury. The attending surgeon wished to amputate, but the patient refused. Finally, after fourteen months, the wound apparently healed; the patient returned home, worked on a farm, and to all appearances, was in the enjoyment of good health. Rein-

listed in the Wisconsin cavalry regiment; was mustered out while doing duty in Texas; returned home in December, 1865; during Christmas holidays went to all the neighboring parties. On the 1st of January, 1866, was taken sick, and was seen by two physicians—practitioners in the neighborhood. I was called to see him on the 24th of January. The messenger informed me that “he was laboring under inflammation of the lungs, and his old wound in the leg had broken out.”

I found the patient in the following condition: Tongue dry, sores on the gums, skin hot, pulse 140, great prostration of the system, and the knee-joint destroyed by sloughing, so that I could see the articular surface of the head of the tibia. His symptoms were typhoid, complicated with hectic fever. I at once informed him of the condition of affairs, and in consultation with the attending physicians, immediate amputation was decided upon. I returned home for my instruments, with instructions to stimulate with milk punch. Returned next day and operated at the lower third of the thigh; right limb; “Antero Posterior flap.” Chloroform was administered when I operated. Pulse 120. Stood the shock of the operation well; became at once more cheerful. The dressing of the wound was intrusted to the attending physicians, who were very punctual until the sixth day after the operation, when I was requested the second time to see the patient again. The flaps had sloughed away, and were so contracted that about an inch and a half of the bone was exposed. No adhesion had taken place; gave an unfavorable prognosis, and administered milk punch and morphine freely, with a hope that reaction would take place so that a resection of the bone could be performed. The patient died twenty-four days after the operation. On dissecting the amputated limb, I found that necrosis had taken place in the spongy portion of the head of the tibia, that the knee-joint was entirely destroyed.

REMARKS.—The originality of this case is peculiar. This man might have lived for years, had not his system been lowered by the action of the typho-hectic fever. Had the operation been performed ten or twelve days earlier, before the system had become impregnated with the purulent matter, there could not have been any question but that the operation would have proved successful.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT.

J. C. MACKENZIE, M. D., SECRETARY.

Treatment of Bubo by Compression.

Dr. C. P. Judkins read the following report from the Section on Venereal Diseases.

The division of Adenitis, by the books, into three distinct forms of 1st. Simple or inflammatory; 2d. Virulent or contagious; and, 3d. Indolent or indurated, exemplifies the treatment and indicates, in the majority of cases, the means that are required for restoration of the diseased gland to its normal condition. It is of the first two divisions that we propose to speak to-night. The third division, that of the indurated bubo, resulting from general infection of the system, constitutional treatment, by mercury, is the only means that will benefit the patient; all local remedies being merely palliative in their tendency. First, then, of simple inflammatory adenitis, resulting from its several causes, of gonorrhoea, strains, excessive venery, etc.; of course the members of the Academy are conversant with the many different means that are being daily employed in the treatment of these cases, viz: rest, leeches, mercurial ointment, etc., and in some antiphlogistic medication; but cases are constantly being met with where the patient is unable to submit to the character of medication, either from risk of exposure or because he can not or will not keep his bed, considering that the disease amounts to nothing. In these cases, after leeching, the application of mercurial ointment had to be resorted to, and as little exercise as possible; and, in some, the spica bandage was applied. But all these have their disadvantages; the mercurial ointment is greasy, the spica bandage is annoying to both patient and physician, and there is always more or less danger from secondary hemorrhage, when leeches have been used, especially if the patient walks about much.

Following the advice of Dr. Chase, of Boston, I have been in the habit of using, in these cases, nothing but direct compression by means of adhesive plaster, either in strips or in one piece, applied over and extending about a half-inch beyond the edges of the inflamed gland, permitting the plaster to remain for three or four days, then applying a fresh piece, and so on, until the swelling has disappeared, which generally occurs in from ten days to two weeks, the patient going about as usual.

In the second form of bubo (the virulent or contagious), the same means were used to reduce the swelling; that is, before the appearance of pus; at the same time all irritating applications to the original sore were stopped, and merely a disinfecting wash used. But the following cases will illustrate what I wish to say.

CASE I.—Peter F., a bar-tender, aged 22. German. First attack. Called to see me about July 5, with two chancroidal ulcers behind the corona glandis; had existed three days; by the daily use of Ag. No. 5 stick, and the tartrate of iron and potash, internally, one point of ulceration disappeared on the fifth day, the other improved slowly, when, at the end of two weeks, the patient began to complain of pain and soreness in the right groin; on examination, it was found that the anatomical gland was enlarged to the size of a hickory nut; he was directed to have two leeches applied, and keep quiet in bed. I saw him ten days afterward and found the gland enlarged and more painful. As he was anxious to get to work, I shaved the hair off from over and beyond the inflamed gland, and applied an oval piece of adhesive plaster, twice as large as the bubo; he was then allowed to go to his business. The wash was continued to the sore, which was gradually healing. He was seen daily at my office; the gland steadily improved, and at the end of two weeks he was discharged from treatment.

CASE II.—I. J., railroad conductor. This case, the patient had had the gonorrhœa for a month previous to the appearance of an inflammatory bubo in the groin. For this he was leeched twice, kept quiet in bed for one week; at that time as there was some improvement, he was allowed to get up, but not to attend to business; used a spica bandage applied; he was seen daily for three weeks, at which time the inflammation had extended to the surrounding tissues, producing a tumor at least two and a half inches

in its longest diameter, directly in the center of which there was apparently fluctuation. He was put upon tonics (as the gonorrhœa was well), and a larger piece of adhesive plaster applied over bubo. At the end of one week he resumed his trip on the cars, and at the end of three weeks the swelling in the groin had disappeared.

The following are two cases furnished me by Dr. W. R. Woodward, of this city:

CASE I.—Chas. S., book-keeper, aged 24. American. Called to see me, August 20, with small chaneroid on the inner surface of the prepuce, which he had had about three weeks. Two days before application for treatment, he had noticed an enlargement in the left groin. On examination, found but one gland enlarged, and very painful on pressure. I gave him a lotion of aq. ext. opii and acet. of zinc for the chaneroid, and employed compression by means of adhesive plaster to the bubo. The ulcer healed by the sixth day, the bubo gradually improved, and by September 8, nineteen (19) days from beginning treatment, the patient was discharged, cured.

CASE II.—Frank F.; German; aged 20; bar-tender. Applied for treatment August 25, with two chaneroidal ulcers on glands, and one on frænum; he also had gonorrhœa. I gave the same lotion as in Case I for the ulceration, and emulsion oil of sandal wood and liq. potassæ, for gonorrhœa. In four days the gonorrhœal discharge had ceased. The chaneroids improved more slowly, but by the 4th of September, were almost healed. At the time, he complained of soreness in the left groin. On examination, I found several glands very much enlarged, and used adhesive plaster, as in the above case. Under this treatment the swelling and pain shortly subsided, so that by September 15, the patient was discharged from treatment.

Summary.—We recommend that in all cases of simple or inflammatory bubo, and in buboes arising from chaneroidal sores previous to the appearance of pus, that compression be made by means of adhesive plaster; 1st. Because it is clean; 2d. Because it permits of freer motion of lower extremities than the spica bandage; and, 3d. Because we believe the surgeon is justified in preventing suppuration in all forms of Adenitis.

Report of the Section on New Remedies and Pharmacy to the Academy of Medicine.

By J. S. UNZICKER, M. D., September 13.

A New Anæsthetic.—Chloral ($\text{C}^2 \text{Cl}^3 \text{O} \cdot \text{H}$), the aldehyde of the trichlorethted acetic acid, has been known to chemists for, perhaps, the last thirty years, but its valuable medicinal properties have so far been utterly overlooked. To the researches of Dr. Liebrich, of Berlin, we owe the knowledge of its value as an anæsthetic. Upon animals the injection has been used with the most satisfactory results. Drowsiness comes on, and soon perfect stupor. The effect is mild and gradual; not the least sign of a *stadium excitatorium*, so disagreeable in chloroform. This death-like stupor was prolonged, according to the strength of the dose, for eighteen hours. Upon awakening, the animal appears in full possession of its faculties, and at once feeds.—*St. Louis Med. and Surg. Jour.*

Oil of Sassafras, its influence upon Tobacco and other Narcotics.—In a "Treatise on Fever," by Dezin Thompson, of Nashville, Tenn., it is stated, "that the injurious effects of tobacco are speedily removed, and also prevented, by this remedy. Either by moistening the end of the segar with the oil, or mixing the cut tobacco with sassafras bark, mixed with a large dose of extract of hyosciamus, it produced delightful sleep, without unpleasant effects." Might not the oil, by hypodermic injection, prove an excellent remedy against tobacco poisoning?

Apomorphia.—A new base recently produced as the joint discovery of Dr. Matthiessen and Mr. Wright, of St. Bartholomew's Hospital. The physiological effects of apomorphia are very different from those of morphia. A very small dose produces speedy vomiting, and considerable depression, but this soon passes off, leaving no after ill effects. One-tenth of a grain hypodermically injected, or one-quarter of a grain taken by the mouth, produces vomiting in from four to ten minutes. It is a non-irritant emetic, and powerful anti-stimulant.

Remedy for Curious Teeth.—Nitric ether and sulphate of alumina are mixed so as to form a paste, which is applied to the cavity. It never occasions any inconvenience. The most violent toothache

is promptly relieved, and, after several applications, the affected tooth becomes insensible.

Sambucus Canadensis.—A number of cases given by Dr. R. Mac-nut, of Marshall, Missouri, in the *American Journal of Medical Sciences*, show conclusively the therapeutic value of this remedy in albuminuria. The inner bark of the common elder is to be steeped in hard cider, and used in ounce doses two or three times daily. The improvement, in a few days, was quite marked, and recovery, in all the cases, has been complete.

Carbolic Acid.—Dr. Tessier, in the Mauritius, injected under the skin a solution of three-fourths of a grain dissolved in twenty minims of water, for the cure of virulent intermittent fever. The patients were rapidly cured, and the spread of the pestilence arrested.—*London Chemical News*.

Potassa Chloras.—At the Rudolph Hospital, Vienna, this remedy has been used by enema, in two cases of dysentery, with excellent results. Blood ceased to appear in dejections after the first clysm. They used potas. chlor. ℥ j. ad aqua distill ꝑ ij.

Anti-Galactic.—R. ꝑ Extr. Belladon. ꝑ j.; Spir. Camphor, Ol. Oliv. opt. aa ꝑ ij. M.—A little of this mixture rubbed over the breast, twice daily, will soon suspend its secretory action.

Pharmaceutical.

Prof. Liebig has again given to the world a new preparation, called *Liebig's Food in Soluble Form*, as a substitute for mothers' milk. It is prepared at the laboratory of J. Paul Liebe, of Dresden, Germany, who had the kindness to send me a sample for inspection. The preparation has the consistency of thick honey; and I take pleasure in laying the same before the Academy, this evening, both in its natural state and also mixed by me, as directed, ready for use. This food greatly differs from that formerly sold here in powder, called "*Chemical Food*," for its being entirely soluble in milk, or milk and water, without cooking, whereas the other has to be cooked, and, from our experience here, did not agree as well with the children as the soluble is said to do. The latter has entirely taken the place of the former, and, from late

accounts, seems to take well in Europe. It is especially recommended to anæmic children, and such as receive either insufficient or no nourishment at all from the breast.

The *Wiener Medical Wochenschrift*, No. 38, of 1869, says :

1. This food in soluble form is prepared in vacuum, is always a uniform and excellent nourishment, that only contains the soluble protein principles of the plant.

2. The preparation is free from all traces of malt residues, against the presence of which Liebig so urgently cautions.

3. The soup is at any moment, by day or night, instantly prepared and ready for use.

4. This soluble food is unchangeable for months.

5. The soup made thereof contains, according to analysis, the value in nutriment of mothers' milk.

Meeting of the American Pharmaceutical Association.

The annual convention of this body took place in Chicago lately, and, after a very interesting session of four days, adjourned, on the 10th instant, to meet in Baltimore next. The delegates were composed of some of the most distinguished chemists and pharmacutists in America. It is usual to have an exposition connected with the convention. It embodied, this year, a very fine collection of chemicals, pharmaceutical and chemical apparatus and appliances, paints, colors, instruments, soda-water apparatus, crude drugs, etc. Most European countries had also specimens on exhibition, and the large chemical manufactories and laboratories of the country were well represented. Eighty different firms had samples there, Philadelphia, as usual, taking the lead, and Chicago came next.

On the third evening a rich and intellectual treat was provided by Mr. Briggs, at the Academy of Science. The rooms were lavishly illuminated, a number of green-covered tables being set out, upon each of which were placed various excellent microscopes. A set of drop-lights on each table furnished the necessary light. From an early hour each instrument was surrounded by an eager crowd of *savants* and amateurs. There were many fine objects and highly finished instruments. There were fifty-eight exhibitors of instruments, quite a number of which were medical men.

The meeting proved quite a success, and, no doubt, all went home well pleased with what they had seen and learned.

The bill for the regulation of the practice of pharmacy, so much needed now, was ordered printed in pamphlet form, and a number of copies to be sent to the legislature of every State. We hope they will pass it, and thereby confer a blessing to the people.

Two Pathological Specimens, exhibited by Dr. Dawson.

1. Larynx of a child who died of inflammatory croup. He was called, on the third day of the disease, to open the trachea. The patient was then suffering with all the distressing symptoms of dyspnoea usually seen in these cases. Immediately after the operation the breathing became easy, the livid condition of the face subsided, and the child seemed comparatively comfortable; and so it remained for fifty-two hours, when all the serious symptoms of obstruction to respiration returned, and the child died in five hours.

The larynx was almost completely filled with exudation, and at the bifurcation of the trachea there was also extensive formation of false membrane. The singular circumstance about the case was that, for an inch and a half between the larynx and the bifurcation of the trachea, the tube was perfectly free from disease, and it was in this part that the artificial opening existed.

2. A tumor removed from the vulva of a prostitute. The patient was a woman fifty years old, but little debilitated, and affected with constitutional syphilis. The growth was about one and one-fourth inches in diameter, of a white color, and presented a cauliflower appearance. It arose from the clitoris, and was, in all probability, a hypertrophied condition of that organ.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F. R. S., Late Professor of Practical Chemistry in University College, London, etc., etc., etc. Edited by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy. Philadelphia: Henry C. Lea. 1869.

We believe teachers of chemistry have generally regarded Fownes' Chemistry as one of the most satisfactory hand books at present in use by students. We are, therefore, pleased to see that Professor Bridges has supervised a new edition, which, as compared with the previous one, is fuller and more complete.

The work is well published, paper, press work, and all the features of the book being excellent; the illustrations are sufficient for all practical purposes of study. For sale by Robert Clarke & Co

Hospital Reports.

CINCINNATI HOSPITAL.

Surgical Clinic of W. W. DAWSON, M. D.

Reported by S. W. ANDERSON, M. D., Resident Physician.

Pott's Fracture—Three cases.

In Pott's fracture, the fibula is fractured from one to three inches above the external malleolus and the internal malleolus is broken off at its base. The injury is often simple, the bones in such cases are easily reduced and kept in position with but little trouble. Sometimes, however, it is one of the most grave of accidents, baffling the surgeon at every step, in his efforts to make a good and symmetrical limb. Such a case I presented to you in the wards a few days ago. The patient died yesterday from alcoholism, and I propose to dissect the limb in your presence.

CASE I, POTT'S FRACTURE—DEATH OF THE PATIENT.

He was a Polander, aged 42 years, by occupation a bar-keeper. He stated that the evening before his admission he received a kick on the outer side of his ankle, which caused his foot to be thrown to one side with the bottom turned directly outward. On his admission he was extremely nervous and suffered from muscular contractions which dragged the astragalus almost entirely off from the articulating surface of the tibia. The foot was still everted. He was chloroformed and an examination made which showed a fracture of the fibula about one and a half inches above the external malleolus and probably a fracture of the internal malleolus, though this was not positively diagnosed on account of the swollen condition of the part. The inflammation and swelling were so great that it was impossible to adjust apparatus so as to control the great deformity of the limb, and had this patient lived he would have had at best an enlarged, widened and greatly deformed ankle. I warn you, gentlemen, when you are called to such a case as this,

not to make rash promises in reference to restoration; give your patient and his friends to understand that they must expect an imperfect limb.

In twenty hours after his reception in this house he showed signs of delirium tremens, he soon after became jaundiced, had no appetite, and suffered considerably from vomiting. The injured limb was very painful and had to be frequently changed from one position to another by various modifications of the dressings. He gradually sank and died on the fifth day.

The specimen which I show you is livid, swollen and greatly deformed; as I cut into it you see escaping a large amount of effused blood, and I find, first, the ligaments of the joint lacerated; next, the internal malleolus broken off on a level with the articulating surface of the tibia, and when I carry the knife over to the fibular side of the leg I expose that bone broken obliquely about one inch and a half above the joint. The dissection gives you the key to the peculiar accident to which the name of the renowned surgeon, Pott, has been attached. The deltoid ligament is composed of two portions, an outer layer broad and thin attached by its upper and narrow extremity to the external surface of the internal malleolus, and by its expanded base to the astragalus, os calcis and scaphoid, but beneath this superficial portion there is a short compact and powerful fasciculus, which embraces the apex of the internal malleolus and binds it with great firmness to the side of the astragalus. This portion of the deltoid is more powerful than the bone itself, hence, when force is employed in this neighborhood the ligament resists, but the internal malleolus yields.

CASE II, POTT'S FRACTURE—NO DEFORMITY.

Edward F—— aged 45 years, laborer; Ireland. Admitted June 6th; states that on the previous evening a bank of earth fell upon his right foot against the leg, throwing him to the ground. After being extricated he found that his ankle was so injured that he could not walk. He was brought to the Hospital and an examination showed fracture of the fibula about three inches above the joint, and the internal malleolus broken off. There was no deformity and but little swelling. The limb was placed for two days in a wire cradle, after which it was dressed with side splints. There is not the slightest deformity.

CASE III, POTT'S FRACTURE—DEFORMITY.

John H.—aged 30 years; shoemaker, admitted July 12th. States that while engaged in a friendly scuffle he caught his foot in some way and turned its bottom outward. It gave him great pain. On his admission an examination was made showing the following condition; fibula fractured about two and a half inches above its lower extremity, internal malleolus fractured, a partial dislocation of the foot, and considerable swelling. The leg was placed in an ordinary fracture box. The recovery was rapid, the foot is in proper position, but there is some widening of the ankle and prominence of the internal malleolus.

You will seldom, gentlemen, see three cases of Pott's fracture during one clinical course. In the first case you have witnessed the worst and in the second case the simplest form of this accident. In the one there was no deformity, and but little injury to the soft parts, but in the other the force which broke the bones, destroyed the integrity of the joint, ruptured blood vessels, lacerated muscles, and threw their tendons out of position.

MINUTES OF THE FIRST ANNUAL MEETING of the Nebraska State Medical Society; at Nebraska City, June 1 and 2, 1869. This new society of the new State of Nebraska, organized in 1868, and this its first annual meeting, gives evidence of decided vigor! We wish it long life and usefulness.

TRANSACTIONS INDIANA STATE MEDICAL SOCIETY.—The Nineteenth Annual Meeting was held at Indianapolis, May 19 and 20, 1869. Besides the regular minutes of business, we find the following excellent papers: Address of the President, Dr. Field, of Jeffersonville; Why Doctors Disagree, Dr. Kersey, of Richmond; General Anasarca, J. Moffett, of Rushville; Digestive Assimilation of Medicines, W. J. Elstun, of Indianapolis; Case of Dislocation of Femur, Dr. M. Sexton, of Rushville; Discussion on Puerperal Convulsions, in which Drs. W. F. Harvey, T. B. Harvey, Biglow, Kersey, Newcomer, Todd, Cominger, Wright, Gadsby, Williams, Waterman and Moffett participated. Dr. Geo. Sutton, of Aurora, is elected President for the next year. The Society meets in 1870, on the third Tuesday in May, at Indianapolis.

Translations.

The Position of the Human Stomach.

By Prof. HUBERT VON LUSHKA, of Tuebingen.

Translated from the German by SAMUEL NICKLES, M. D., Cincinnati.

Notwithstanding manifold successful efforts to learn the exact location of the abdominal viscera, we have yet generally remained faithful to an entirely erroneous tradition in regard to the position of the stomach. Even at the present time most authors assert with E. H. Weber:* "The stomach is a sac lying transversely beneath the diaphragm, its pyloric extremity extending into the right hypochondrium." This view was also held by C. Fr. Th. Krause,† who asserts explicitly of this organ that it extends in a transverse direction through the epigastric region, its extremities reaching into *both* hypochondria. But not only in Germany is the opinion prevalent that the stomach lies transversely and extends into both hypochondria, but foreign authors also are not less involved in this error. Thus Will. Sharpey,‡ for instance, observes of it: "Seated in the left hypochondriac and the epigastric regions *and in a part also of the right hypochondrium.*"

The effort which I made some time ago to establish views on the position of the stomach more consonant with nature seems not yet to have perfectly succeeded. I must come to this conclusion not only among other things from the latest edition of J. Hyrtl's|| *System of Anatomy*, but also from the opinion that the pyloric extremity of the stomach extends into the right hypochondrium, having found expression even in the latest work devoted exclusively to the consideration of the position of the human viscera. §

* Handbuch der Anatomie des Menschen Vierte Ausgabe. Stuttgart 1833. Bd. IV. S. 267.

† Handbuch der menschlichen Anatomie. Zweite Auflage. Hanover, 1841. S. 617.

‡ Elements of Anatomy by J. Quain. Sixth Ed. by W. Sharpey. London, 1856. Vol. III, p. 144.

|| Lehrbuch der Anatomie des Menschen. Zehnte Auflage. Wien, 1868. S. 616.

§ C. Ernst Emil Hoffmann: Die Lage der Eingeweide des Menschen. Leipzig, 1863. S. 57.

It can not, therefore, be surprising, if I undertake anew to bring this matter, which is so momentous for practical medicine, before the public forum, and on this occasion separately consider first the position of the stomach, and secondly its relations to adjacent organs.

1. *The position of the stomach.*—Considering in the first place the stomach without reference to the adjacent viscera, and only in its relations to the cavity and walls of the abdomen, we must premise the remark that, in this respect, the stomach, like all hollow muscular organs, exhibits certain fluctuations which depend on the degree of its distension. Accordingly, we will have to recollect that during life, the empty stomach, somewhat like the empty bladder, is contracted upon itself and feels firm, and that its mucous membrane, which then seems thicker, presents numerous clumsy, irregular folds. In such a condition of vital contraction I once found the stomach of an executed person whose body I had the opportunity of dissecting a short time after the execution. Sometimes the opportunity is presented of examining the contracted stomach in the cadavers of suicides, and thus to see it in a condition which may be considered its *rigor mortis*. Such observations prove sufficiently that the statement of C. Fr. Th. Krause and others, namely, that in the empty condition of the stomach its anterior and posterior walls lie in loose contact, can not be applied to the deportment of the organ during life. It is hardly necessary to remark that the space resulting from the contraction of the stomach upon itself is filled partly by the subsidence of the epigastrium in a corresponding degree, and partly by the ascent of the intestines under the influence of the concentric pressure of the abdominal wall. But whether the amount of the distension of the normally constituted stomach be considerable or trifling, its direction, as well as the location of its beginning and termination remain essentially the same.

Various methods of examination have shown that on an average three-fourths of the volume of the stomach are in the *left hypochondrium*, and hence surrounded by the thorax, whilst only one-fourth is located behind that part of the abdominal wall which is between the arches of the ribs, and, therefore, situated in the *epigastrium sub sternum*. The transition of the *portio epigastrica*, when the organ is moderately distended, takes place generally in the length of the cartilage of the eighth rib from its pointed extremity to the place where its lower border describes an angular

curve. The larger division of the stomach which is contained in the left hypochondrium has generally an exquisitely vertical position, whilst only its epigastric portion, which contains the whole of the *pars pylorica*, about six centimeters in length, takes an approximately transverse direction, and generally, when the stomach is largely filled, passes in front of the upper two lumbar vertebræ about three fingers' breadth below the xiphoid process, without, however, reaching to the right costal arch. In very many cases the stomach does not pass beyond the median plane of the abdomen at all. I would, however, declare as the rule that its termination falls in the direction of a line bisecting the space between the right linea sternalis and parasternalis. (The latter is a vertical line midway between the sternal and mammillary lines.—*Trans.*) No doubt, even these well-established facts as to the normal position of the stomach must afford significant aid in the explication of pathological conditions. Gladly do we add the observation that they have indeed already been duly appreciated in the symptomatology of carcinoma ventriculi.*

The circumstance that the more capacious division of the stomach, which is contained in the left hypochondrium, approximates to the vertical position, enables one to infer what direction its so-called curvatures must necessarily take. The *greater curvature* is turned in the greater part of its extent to the left, so that it answers to the corresponding lateral wall of the thorax, whilst, on the contrary, a much smaller segment of it runs transversely through the epigastrium, its lowest point extending, when the stomach is filled, down to about the superior surface of the third lumbar vertebra. The *lesser curvature* inclines steeply downward nearly in the direction of the left border of the sternum, so that, for the most part, it describes a concavity looking to the right, and only from the median line, when the stomach, as usual, passes beyond this, does it take a transverse course, presenting, however, not a concave, but a convex surface, which belongs to the *pars pylorica*. If, however, the stomach terminates in the median line, then its lesser curvature usually assumes this direction earlier, not rarely with the formation of an acute angle projecting into the cavity of the stomach. Meanwhile the investigation of the course of the curvatures does not suffice to impart a complete understand-

* Vgl. Felix von Niemeyer: Lehrbuch der Speciellen Pathologie und Therapie. Siebente Auflage, Berlin 1868. Bd. I. S. 590.

ing of the condition of the stomach; for this purpose it is urgently necessary to determine more exactly the location of its commencement, termination, and cul de sac.

As the *commencement of the stomach* we must indisputably claim that point at which the œsophagus is continuous with it, the so-called cardiac orifice. But by this we are accustomed to understand the end of the funnel-shaped expansion which the œsophagus experiences immediately below the diaphragm. If this expansion which, in rare, exceptional cases,* is defined externally in the circumference of the cardiac orifice by a shallow constriction, can be considered a part of the stomach at all, and we must not rather transfer its commencement to that point where the pavement-epithelium of the œsophagus terminates in an irregularly crenated line following the base of the funnel, and where the territory of the mucous membrane carrying the gastric follicles begins, then the funnel-shaped expansion should certainly be particularly distinguished as the *pars cardiaca*. It is for the most part imperceptibly continuous with the wall of the stomach on the anterior and posterior surfaces and lesser curvature, while, on the contrary, on the left side the transition takes place with the formation of an obvious rounded angle. In conformity with the vertical position of the hypochondriac portion of the stomach, this transition occurs in its median circumference, which gives the *pars cardiaca* an oblique direction, following the cartilage of the seventh left rib. This, as well as the real orifice of the stomach, is accordingly situated behind the first fourth of the cartilage named and the intercostal space which it forms with the sixth rib, so that the location of the commencement of the stomach can not at all be referred to the upper precinet of the epigastrium, or what has erroneously been called the pit of the stomach.

The *termination of the stomach* is indicated externally by an annular sulcus—*sulcus pyloricus*—internally by the pyloric valve, a discoid fold of mucous membrane perforated in the center, and containing annular muscular fibres. Toward the duodenum this closes the *pars pylorica* which, for its part, is characterized by two more or less pronounced eminences, a long one at the termination at the lesser curvature, and a short one at the end of the greater curvature. The longer eminence loses itself imperceptibly in the

* Vrgl. H. Luschka: Das Antrum Cardiacum des menschlichen Magens. Archiv. f. path. Anat. Bd. XI.

lesser curvature, while the shorter one is separated from the termination of the greater curvature by a more or less distinct constriction which corresponds to an internal fold of mucous membrane—*plica præpylorica*.

As the *pars pylorica*, which ascends to the right, and is with certainty met three fingers' breadth below the xiphoid process, inclines the more strongly backward the nearer it approaches its termination, the pyloric valve receives an approximatively frontal position, which stands in harmony with the fact that the superior horizontal portion of the duodenum does not, as is so often erroneously taught, run transversely, but in a straight direction from before backwards. As already remarked above, the pylorus does not even reach the right costal arch, much less does it project into the right hypochondrium. At the farthest, it is found in the direction of a line bisecting the space between the sternal and parasternal lines, and in height is generally on a level with that plane in which the prolonged parasternal line intersects the right costal arch, which nearly corresponds with the middle of the eighth costal cartilage.

It wholly accords with the erroneous conceptions on the position of the stomach that its base, or cul de sac, has been declared to be its rounded left end, and hence supposing, at the same time, that it is turned toward the inner surface of the left half of the thorax. But it may be evident, from the expositions thus far given, that the base of the stomach must look upward, and that its summit constitutes the highest point of the whole organ. Presupposing the natural position of the stomach, that segment of it may properly be declared to be its cul de sac which extends above the horizontal plane on a level with the rounded angle of the left end of the *pars cardiaca*. The diameter drawn from the center of this plane to the summit of the cul de sac indicates its greatest length, which amounts, on an average, to four centimeters and a half in the distended adult organ. It follows from the position of the cul de sac, thus limited, that its superficial surface is in relation with the concavity of the left dome of the diaphragm, and is mediately surrounded by the left lung. Hence no further commentary will be required for the fact that the percussion-sound dependent on the stomach extends upward in varying degrees, according to the character of the breathing, *i. e.* just as high as the diaphragm reaches on the left side. Indeed, we find, for instance in the position of the diaphragm during moderate expiration, that the highest

point of the cul de sac corresponds in the mammillary line to the upper border of the fifth, and in the axillary line to the upper border of the sixth rib. According to the nature of its contents the cul de sac, overspread by the base of the left lung, must, therefore, necessarily influence the percussion-sound of the latter to a point depending in height on the force of the breathing. When distended with gas, the cul de sac imparts to the lung-sound a tympanitic quality, but when filled with food or fluids, bestows upon it a dull character.

2. *The relations of the stomach to the adjacent abdominal viscera.*—

It is one of the most difficult tasks of topographical anatomy to point out with certainty the natural position and relation of the organs in the upper part of the abdominal cavity. This is owing, on the one hand, to the fact that the previously existing contact is loosened by the opening of the abdomen, and consequent entrance of air, and, on the other hand, that their relations to each other are partly such that when one organ is removed that behind becomes displaced. To establish the condition of things in the closed abdomen, it is, therefore, necessary to adopt different methods of investigation, which may check and supplement one another, as sections of frozen subjects, fixation of the organs by the introduction of long needles, and sewing them fast to the abdominal wall.

In general, it may be stated of the viscera of the upper portion of the abdominal cavity that, for the most part, they are located before, behind, and beneath the stomach, bearing, however, very different relations to the hypochondria and epigastrium. They are partly confined to a single hypochondrium, as the spleen, the corresponding kidney, and suprarenal capsule; partly to the epigastrium, as the duodenum; partly to the epigastrium and one hypochondrium, as the stomach and pancreas; or they extend into all three regions of the upper zone, as the liver and the transverse colon. It would seem most advantageous for the object now in view, the exposition of the relations of the stomach to the adjacent organs, to consider the viscera of the upper part of the cavity only in respect to the sides of the stomach with which they come in contact.

Only one viscus, the liver, is in contact with the *anterior surface* of the stomach. As the stomach does not extend into the right hypochondrium, this can have reference only to that part of the

gland which passes beyond the right hypochondrium toward the left. But as a general rule the liver transcends the corresponding costal arch from the base of the xiphoid process down to the point where the costal arch is intersected by the parasternal line, the middle of the eighth costal cartilage, which answers also to the point where the base of the gall-bladder is found more or less projecting. That part of the liver consisting of the lobus sinistra, and lobus quadratus, passes obliquely through the epigastrium into the left hypochondrium in such a way that its lower ascending border bisects the seventh left costal cartilage, and, in the median line, is nearly midway between the apex of the xiphoid process and the umbilicus. It occupies principally the territory circumscribed by the lesser curvature, so that it covers that region concealed by the lesser omentum, where the celiac artery arises from the aorta, and the celiac plexus is located, corresponding, therefore, to that region which is still most inappropriately called the "pit of the stomach," but might with more reason be styled the *regio celiaca* of the epigastrium.

The segment of the liver named, but particularly the lobus quadratus situated to the left of the gall-bladder, covers the termination of the pyloric portion of the stomach, while the left lobe, like a lid, overlies the lesser curvature and the pars cardiaca. The anterior surface of the stomach is, therefore, for the most part, free from concealment by a viscus, and is in contact partly with the inner surface of the anterior wall of the left hypochondrium, and partly with the inner aspect of the epigastrium, where it causes a perceptible rounded elevation when the organ is largely distended.

The *posterior surface of the stomach* is in relation with the duodenum, pancreas, spleen, left kidney, and left suprarenal capsule. The superior horizontal portion of the *duodenum*, seven centimeters in length, passes from before backward under the lobus quadratus of the liver, and between the gall-bladder and the ductus choledochus, nearly to the entrance of the liver, while the descending part is directed obliquely downward toward the median line between the head of the pancreas and the right kidney; hence, only the inferior horizontal division is located behind the stomach. This passes between the aorta and superior mesenteric artery, behind the epigastric portion of the stomach, and before the lumbar vertebræ, obliquely upward and to the left in such a manner that its termination lies at the left side of the first lumbar vertebra. With the stomach, however, it comes just as little in immediate

contact as the pancreas does, inasmuch as the posterior layer of of the mesentery spreads out before them, so that between them and the stomach a space corresponding to the cavity of that sac remains free. The *pancreas* ascends obliquely before the first lumbar vertebra, from right to left, in such a way that it changes its relations to the stomach several times. After having left the concavity of the curve of the duodenum, it passes behind the *pars pylorica* and the transverse segment of the lesser curvature, beyond which it projects more or less into the left hypochondrium. While entering this, its long axis intersects the vertical segment of the lesser curvature, and finally, about three-fingers' breadth external to the little head of the eleventh rib, arrives at the hilus of the spleen. The splenic artery, from the middle line of the vertebral column, follows its upper border, and intersects the vertical portion of the lesser curvature in the same manner, and may, therefore, just at this point, be endangered by perforating ulcers of the stomach; the splenic vein, on the contrary, runs obliquely from the upper edge of the pancreas over its posterior surface to the commencement of the portal vein.

The pancreas, except a part four centimeters in length, the left suprarenal capsule and kidney, as well as the spleen, which borders upon the convex margin of the kidney, are located behind the hypochondriac portion of the stomach, for which, assisted by the adipose capsule of the kidney, they form a suitably concave cushion, so that in this direction only the *cul de sac* of the stomach comes in immediate contact with the excavation of the diaphragm. It is a natural result of the erroneous views regarding the position of the stomach that the location and relations of the spleen have been falsely construed. That this organ comes in contact laterally and posteriorly with the *cul de sac* was considered so certain, that it was thought proper to style the latter the "splenic extremity." Whenever the abdomen is opened in a careful and suitable manner in a subject with normally arranged viscera, the fact may readily be confirmed that the spleen is not beside, but behind the stomach, that it is not at all visible from before, but only comes to view when the stomach has been displaced to the right. By this procedure, as well as that of removing the stomach and leaving the spleen, the position of the latter, either in its relations to the stomach or abdominal wall, can no longer, on account of the displacement produced, be determined with certainty.

In order to arrive at reliable results respecting the natural *loca-*

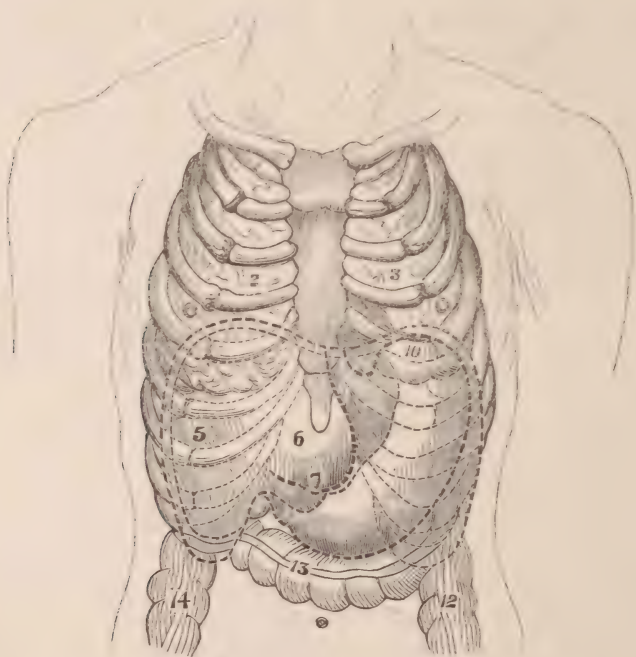
tion of the spleen, I have found it judicious, before opening the belly, to sew fast and thus fix the organ in its normal position. To accomplish this the soft parts covering the ribs and intercostal muscles of the left hypochondrium are removed. Then an aneurism-needle is used which is united with its handle at a right angle, and whose length and curve are equal to one-half of a circle, the radius of which is four centimeters. After having in the usual way ascertained that the spleen lies within reach of the four lower left ribs, the needle armed with a ligature is made to penetrate the organ at various points of the corresponding intercostal spaces, and is brought out around the ribs so as to fasten the spleen to them. Now opening the abdomen and severing the peritoneal connections and vessels between the stomach and spleen, the latter remains unmoved from its contiguity with that portion of the peritoneum which, with the spleen, has been transfixed and fastened. After isolating the respective part of the thorax and vertebral column, one is able, by careful removal of the diaphragm between the ligatures, to learn the distance of the upper extremity of the spleen from the vertebral column, and the distance of its lower end from the anterior extremity of the corresponding ribs, as well as the relations which its length, averaging twelve and a half centimeters, and its greatest breadth, usually, seven and a half centimeters, bear to the ribs and intercostal spaces. By often repeated examinations of this kind I have positively convinced myself *that the spleen follows the course and curvature of the IX, X and XI ribs, and that its greatest breadth extends from the upper border of the ninth rib to the lower border of the eleventh rib*, having, therefore, an oblique direction from behind, forward and above, downward. The distance of its upper extremity from the spinal column averages two centimeters, that of its lower extremity from the vertebral end of the eleventh rib, twelve centimeters, which shows that a spleen of normal size and position does not extend beyond the *linea costo-articularis*, which is drawn from the left sterno-clavicular articulation to the apex of the corresponding eleventh rib. If we consider as the cul de sac, which in the scapular line ascends to the upper border of the eighth rib, that portion of the stomach which lies above a horizontal plane supposed to pass through the lower end of the outer circumference of the pars cardiaca, then the spleen does not at all extend into the province of the base of the stomach, or only with such an insignificant fraction that this should under no circumstances be called the splenic extremity.

That portion of the space of the left hypochondrium not fully occupied by the parts considered, is filled by the left flexure of the colon and, under some circumstances, by a few loops of the small intestine. With the surface of the greater curvature, which, according to the above explanations, looks to the left in the hypochondriac and downward in the epigastric portion of the stomach, the transverse colon is in contact, not, however, in the *whole* length of the greater curvature. From the right flexure of the colon, which is in contact with the inferior surface of the right lobe of the liver, the transverse colon passes downward, at first beside the descending part of the duodenum, to reach the greater curvature at the lower aspect of the termination of the pyloric portion of the stomach. On the left side it extends, normally, only to the anterior extremity of the bone of the ninth and tenth ribs, where the *ligamentum phrenico-colicum*, i. e., the duplicature of peritoneum which connects the diaphragm with the left flexure of the colon, incloses the lower end of the spleen. To a certain extent this fold forms the floor upon which the spleen rests, and may, therefore, by enlargement of the spleen, not only be distended downward, but be completely wasted. But, on the contrary, the left flexure of the colon may ascend higher or sink lower in the left hypochondrium, possibly as a result either of relaxation or wasting of the phrenico-colic fold. Nor must it be forgotten that an enlargement of the spleen may be simulated by distension of the left flexure of the colon with feces; hence, the detection of its size by percussion, with the hope of any degree of certainty, is possible only after an effectual evacuation of the bowels.

The transverse colon, clinging to the greater curvature to the extent mentioned, is connected with the mesocolon, the so-called *diaphragma-secundarium*, which separates the space of the upper part of the abdomen from the rest of the peritoneal cavity. While its anterior layer appears to be continuous with the posterior lamella of the omentum majus, its posterior layer bends over the inferior horizontal portion of the duodenum and passes into the anterior lamella of the mesentery in such a manner that the anterior surface of the third part of the duodenum is, as it were, introduced into the root of the mesentery. According to the degree of fullness of the stomach, the convolutions of the small intestine press more or less against the contiguous surface of the transverse mesocolon, so that part of the small intestine lies indirectly behind the epigastric portion of the stomach.

EXPLANATION OF THE FIGURES.

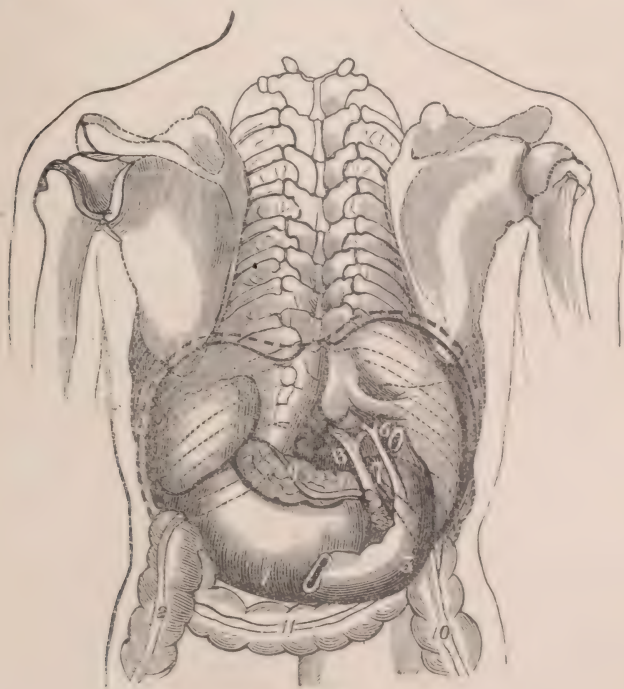
Fig. 1. The organs of the thorax and upper part of the abdomen are so represented in this *front view* that their normal relations to the thoracic and abdominal walls, as well as to one another, become intelligible. The vertical section of the diaphragm is represented by a coarsely dotted line, the ribs, as far as they belong to the hypochondria, by finely dotted ones. The stomach, represented by a heavy dotted line, is easily distinguished from the adjacent organs, especially from the left and quadrate lobes of the liver, which partly cover it, and in its characteristic position, as well as relations to the epigastrium and left hypochondrium, can be understood at a single glance. The details seen in the figure are:



(Fig. 1.)

I to X. The ribs from the first to the tenth. 1. The nipples in their relation to the ribs. 2. The right lung. 3. The left lung. 4. The anterior surface of the heart, free from lung. 5. The right lobe of the liver. 6. The left lobe of the liver. 7. The lobus quadratus. 8. The gall bladder. 9. The pars cardiaca. 10. The cul de sac. 11. The pars pylorica. 12. The descending colon. 13. The transverse colon. 14. The ascending colon.

Fig. 2. The viscera of the upper part of the abdominal cavity are represented in a back view, in order to show particularly the relation of the spleen to the ribs, the left hypochondrium and stomach, as well as the relation of the pancreas to the latter organ and duodenum. Here, also, the diaphragm is indicated by heavy dots, and the ribs, as far as they belong to the hypochondria, by fine ones, while the stomach, duodenum and liver are readily recognized by their thick, dark contour. The details are as follows :



(Fig. 2.)

I to XII. Ribs from first to twelfth. 1. Stomach. 2. Spleen. 3. Duodenum. 4. Liver. 5. Pancreas. 6. Gall Bladder. 7. Ductus choledochus. 8. Trunk of portal vein. 9. Splenic vein. 10. Ascending colon. 11. Transverse colon. 12. Descending colon.

Die Therapie des emphysema bei Kindern. Von A. Steffen, in Stettin.

* *Klinik der Kinder Krankheiten von A. Steffen.*

(“A Hirschwald's Verlag in Berlin, 1869.”)

Translated by DR. THOMAS C. HENRY, Cincinnati.

The management of the primary indications of disease is to be kept in view. Once in progress it may continue for but a short time, or it may linger—continuing, with emphysema a shorter or a longer period. By the prolongation of the earlier attack, changing from an acute to a chronic condition, development of emphysema can occur to such an extent that the ravages of its rapid progress to a fatal result go so far that all the philosophy of therapeutics will prove of no avail. Still, again, it is the management of emphysema far gone, which is, of itself, productive of fruitless results. In the primary stages, the investigation of its character must be rapid, for, when least expected, the disease will prove fatal, and life be suddenly freed from the body. In this investigation, should symptoms of severe cough occur recourse should be had at once to emetics. In the administration of an emetic we adopt the best treatment in such cases advisable. In all the cases of emphysema, where there is begun a diseased action, there is always an extension to the mediastinal and subcutaneous tissue, as evident from cases observed. Tussis convulsiva as a principal cause of emphysema, may be best treated. Thus, a very ready made mode: the use of narcotics, as belladonna and morphia, exhibited to a reasonable extent with the view of exerting a well grounded and permanent impression, exerted in this particular character of disease, especially with children of about middle age; to be exhibited before or at the onset of the disease when approaching. In a recent day, the employment of *secale cornutum* has been advised by some parties as having a speedy action. Steffen has also stated he found it of advantage (p. 2) in cases under his treatment, and of more use than other medicines. Inhalation in various ways are useful; also the employment in Stettiner's Child Hospital, under strict supervision, were advantageous, changing the kind often, yet with differing and uncertain result.

In short, bin. chin. mur. (or muriate of quinine) has been employed in whooping cough with success. It has been proposed to use the same in inhalation. When whooping cough is severe in

the outset, the attack of a dangerous character is the disease of a longer duration. So, also, its termination is severe, occasioning, without emphysema, more or less evident severity which, until the cessation of the convulsive cough after a time, lasts throughout, or even at times becomes stationary. Diseases of the throat with stenosis of the glottis, terminate speedily, fatally, or otherwise. Emphysema, through similar means, is in the first occurrence a shorter time in the duration of its ravages. Diseases of the bronchial mucous membrane, with their severity, extension, and duration of process of emphysema, go at a rate and a relation to the last, the bronchitis still yet is disposed to overtake. The course of bronchitis is inclined to be rapid and favorable, where in the nursing of it cold wrapped cloths are used all over the chest, and renewed every eight or ten minutes, and expectorants in cases requiring, so that the course of the emphysema will become shortly retrogressive. Acute extended development of emphysema with severe bronchitis, always runs from the first to an almost certain fatal result. With a longer duration of bronchitis, emphysema becomes stationary, stubbornly so. Besides, it is by means of employment of external application of cold, in or on the principle of reflex action, that is caused a promotion of easier respiration, the secretions of the capillary vessels of the lungs and the oxygenation of the blood induced. In a similar way expectorants act—emetics in cases where indicated—and stimulating remedies exhibited. Rad. ipecac, flour of sulphur aur, liquor ammon. anis. are the usually employed expectorants, and in the way of emetics, rad. ipecac is preferable, because cuprum, sulphur and tartar cause a brisk stirring up of the intestinal mucous surface, and induce diarrhœa, which must reduce the strength, which is not advisable. In addition to the means above indicated, camphor, musk and full bodied wine are recommended. Respiration being impeded, in spite of the failure of action of emetics, becomes altogether superficial, in which case cyanosis will occur, inducing stupor. It is therefore all requisite to use the measures we adopt promptly and efficiently.

Warm baths, in cases indicating its employment, mustard and the application of cold water douches. Warm baths must be employed where the symptoms are threatening hourly, or less often. It is by the prompt treatment of threatening throat affections or diseases like the one in hand, that it behooves one, especially in approaching emphysema, to provide if possible against

its advancement to the next stage. It is also essential in the primary foreshadowing of this disease to be guarded in our prophylaxis. The prognosis should relate not only to the present phase of the disease, but also to parts affected, and the liability and extent of surface. Where the bronchial mucous membrane suffers, the chances are less favorable. It is important to clothe children predisposed to this affection reasonably warm, and protect them from the influence of cold breezes in our climate, viz: the north and east. In winter a southern climate; a sufficiently mild locality is to be advised.

The treatment of approaching emphysema, or primary symptoms threatening, is to be alluded to only as primary, otherwise attempts later are not to be thought of. Left to itself, emphysema becomes chronic or stationary. It is also the easiest, readiest and most favorable termination of pneumonia or pleurisy. In apoplexy of the lungs, emphysema occurring is the first favorable symptom, the former will give way. Emphysema as a consequence of inflammation and disturbance of the lining membrane (pleural sac) with congestion, and retrecissement thoracique, by the flowing off of a pleuritic exudation, remains under all circumstances stationary, and defies every mode of treatment. With the resorption of the pleuritic exudation and threatened falling in of the chest on one side in relation to this, and in that second feature of that developed emphysema, or the increase or development of something else already at hand, the prophylaxis is of importance, and one can, through appropriate gymnastic exercise of the muscular part of the thorax, and especially the upper similarly located muscles of the upper extremity through forcible expressing of the thorax, make more space internally, by respiration effected with some force. A depression of the mediate portion of the chest will be effected to cause a greater relief, or less oppression. Atelectasis must, through closing up, occasion more or less dyspnoea. The strength and the facilities for lessening the oppression of respiration are to be attended to. With the disability arising from atelectasis, comes beside secondary emphysema. The last mentioned remains longer in duration when the atelekasis becomes chronic or passes over to pneumonia. Pending emphysema with foreign growths in lungs and pleura; miliary tubercles besides; therefore affected as by the primary disease, ever merits the investigation of the processes essential for treatment.

Acute pending emphysema, at the commencement of its development through disease of the lungs and pleura, beside when it is acute in termination, produces results that always lead speedily to a fatal termination.

[TO BE CONTINUED.]

Correspondence.

Letter from Dr. Reamy.

LONDON, Aug., 1869.

My Dear Doctor Stevens: Most of the medical celebrities are now about to enter their vacation. Here, they require a higher standard of preliminary education, a much longer course of study, more access to clinical teaching, and in every way more money must be expended before the student is ready to practice, than with us. And when he has completed his course, obtained his diploma, either from the Royal College of Surgeons of London, Edinburgh, or Dublin, without which he can not be "registered," he must wait about ten years, as the least possible time in which he can obtain a supporting practice. But when the practice is obtained it pays much better than with us. A London physician of any note at all will not pretend to visit a patient in private practice for a fee less than one guinea; and when they are well established, two guineas will not be considered exorbitant. The number of patients visited by a man in full practice, however, is not more than half the number visited in the same time by an American physician with an equally full estimated practice. Hence, the life of a practitioner here is not one of hurry and incessant toil, as with us. The medical man here is always expected to have time for study, and also for mental and physical recreation.

Many items of interest and instruction can be obtained at the various hospitals, public and private, even though there are no lectures, now, except such clinical remarks as are made in connection with the operations. I witnessed an operation for removal of both ovaries at Charing Cross Hospital, on Saturday, by Mr. Hird. The details of the operation and results I will defer, however, for

another letter either to you or to the editor of the *Medical and Surgical Reporter*, since it is simply my purpose now to give you some notes upon the British Medical Association, which held its 37th annual meeting at Leeds, commencing on Tuesday. I have been kindly furnished with a synopsis of the proceedings up to this date by one of the official reporters, which I herewith transmit. And which will, so much of it as you may decide to publish, make this letter quite as lengthy as will be agreeable to you and your readers.

THE BRITISH MEDICAL ASSOCIATION.

The programme of the meeting, which is every year held in a different town, and which extends over four days, combines various kinds of pleasure with various opportunities for improvement. It is usual for the civic authorities and the local magnates to show much and cordial hospitality to their visitors; and this good custom has never been more conspicuously followed than at Leeds on the present occasion. The mayor, the leading members of the medical profession, and the chief manufacturers, have all exercised a most bountiful hospitality; and breakfasts, luncheons, dinners, and *soirées*, combine to make no small claim upon the time of the guests. For those who, possibly themselves dwellers in towns, like to escape from the smoke of grimy Leeds, there are excursions to points of interest in the neighborhood; and the period of the meeting is likely to be practically prolonged by an invitation to many of the members to pay a visit to Scarborough.

The first meeting, held on Tuesday evening, was devoted to the retirement of the past president, Dr. Acland, F. R. S., and to the inauguration of his successor (for the meeting and for the coming year), Dr. Chadwick, of Leeds, of whom we regret to add that the dangerous illness of a member of his family has withdrawn him from his presidential duties. Fortunately for the association, the summons did not reach him until after the delivery of his inaugural address, in which he took the magnificent new infirmary at Leeds as his subject, and described many of the peculiarities that distinguish it for the better from older hospitals. After the conclusion of this address, and after the customary votes of thanks, a series of motions having reference to the constitution and government of the association were made and disposed of. On Wednesday the members assembled to hear an address in medicine by Sir William Jenner, and afterward the meeting broke into sections,

after the manner of kindred societies, in which scientific papers were read and discussed. These sections are five in number—namely, medicine, surgery, midwifery, physiology, and state medicine, the latter section including all those aspects of medical science which are of interest to the public rather than the individual sufferer. The address of Sir William Jenner was, however, the great feature of the day's proceedings; and in it he vehemently protested against the error of those who decried the progress of medicine as a practical art. Its progress as a science is unquestioned; and it was Sir William's aim to show that its progress as an art should be unquestioned also. Casting a glance at the condition of the art of healing in the time of his own youth, and having regard to the four cardinal aims of the practitioner, to prevent disease, to cure disease, to prolong life, and to alleviate suffering, he maintained that in all these respects the actual practical progress of medicine was second to that of no other branch of knowledge.

“With reference to the power of our art to alleviate suffering, how great is the difference between the medicine of to-day and that of our youth! Who that has suffered from a painful local affection can think of the alleviation to his suffering which followed on the subcutaneous injection of an anodyne without gratitude? Who is there that had to submit to the knife of the surgeon whose heart does not overflow with thankfulness to those who introduced and perfected local and general anæsthesia? The electric telegraph, the greatest marvel of our time, was a thing which in a rough way scientific men had long thought possible; but to be cut for stone and know nothing of the agony, to have a leg removed, and smilingly ask, after the operation is over, ‘When are you going to begin?’ these are marvels of which none dreamed. No extravagance of fiction equals this reality. The discovery of the value of subcutaneous injection of anodynes, of local anæsthesia by ice and ether spray, and of general anæsthesia by ether, chloroform, and nitrous oxide, are advances in alleviative medicine worthy to rank with the advances in preventive, curative, and prolongative medicine to which I have referred. Keeping in view, then, those practical aims and objects for which medicine is esteemed by the public, namely, its powers to prevent disease, to cure disease, to prolong life, to alleviate suffering, I feel that I have said enough amply to prove the truth of my assertion that

the progress of medicine as an art, has during the past twenty-five years, been second to that of no other science; while the present advanced state of medical education, the perfection of the means of physical research, the many new centers of knowledge being established in our colonies and in America, the widely diffused acquaintance of the profession with modern languages, the rapidity with which knowledge spreads, the confirmation, correction, or refutation which follows so quickly on the publication of novelties, the great ability, the absence of prejudice, the untiring energy, and the truthfulness exhibited by the younger workers in the field of our science, render me hopeful that the next quarter of a century will be distinguished by a far greater progress than has the last, great though that be. And I can even now in mind realize the day when most of us, our faculties numbed by age, shall take but listless interest in the then present, or be, as is perhaps to be hoped, where suffering has no place, and when another, as full of sympathy for physical suffering, as anxious to relieve it as we are now, shall stand here and tell how, twenty-five years before, one stood and with exulting voice spoke of the advances of medicine in the preceding quarter of a century, but only to add that the sum of those boasted advances was but as nothing compared with the strides the profession had made as a practical art since that far away day."

After Sir William's eloquent address, the next in interest was that of Dr. William Farr, the president of the section for State Medicine, who said public hygiene was in the same category as certain wants which could only be supplied by communities.

Several members of the section afterward read papers on vaccination and other subjects.

The visitors to the meeting are about 250 in number, and include, besides Sir W. Jenner, Sir J. Y. Simpson, Dr. Acland, Dr. Druitt, Dr. W. Farr, Dr. Arthur Farre, Captain Galton, C. B., Mr. Jonathan Hutchinson, Dr. Heslop, Dr. Lingen, Dr. Richardson, Dr. Brown-Sequard, Dr. Tilt, and a large number of eminent medical practitioners from all parts of Great Britain, as well as from Ireland and America.

It was my privilege to call by invitation, this morning, upon the eminent author and teacher, Charles West, M. D., F. R. C. S., a man who is perhaps as well and favorably known as a clear and candid

writer, upon diseases of women and children, as any one now living. I found him exceeding social and agreeable. He is in splendid health, though quite old. He does but little now beyond consultation practice. In this way his opinions are sought eagerly, and are regarded as of great value. He has resigned all connections with hospitals save one for sick children, in Queen's square, which he founded, and claims fondly, to use his own words, as his child. Dr. West does not pretend to lecture.

It is quite warm here now. I shall go up into the mountains of Switzerland in a few days and remain a few weeks.

REAMY.

Sweet Quinine.

GRAND RAPIDS, Wood Co., O., Sep. 8, 1869.

Editors Observer: I notice your article in last number, on *Sweet Quinine*. I have had a doubt that it might not be *pure* quinine with glycyrrhiza, and not admiring the style it was so generally advertised in the country papers after the form of patent medicines, did not buy it, but have recommended to our physicians, and dispense from the store a syrup of liquorice, composed of the fluid extract liquorice, ℥vi ; simp. syrup, ℥x ; to a dose of $2\frac{1}{2}$ grs. of quinine a teaspoonful of the syrup mixed. This effectually destroys the bitter taste of the medicine, and the physician knows exactly what amount of quinine he is giving, and with the sweet quinine he does not. I find many of the physicians about here who have tried the sweet quinine have discontinued its use, not getting the effect that was expected.

Yours truly,

A. J. GARDNER.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY.—We have by some oversight neglected to notice the reception of the above transactions for the year 1867 and 1868, being the meetings at Niagara and Newport. Besides the usual business transactions, we have a large number of valuable papers from the leading eye surgeons of America.

Editor's Table.

RICHMOND AND LOUISVILLE MEDICAL JOURNAL.—[In the absence of the editor this article was crowded out of our September issue.]

Our contemporary of the *Richmond and Louisville Medical Journal* indulges in a precious piece of rodomontade upon what he amuses himself by calling "the body of the cheap school convention." If the editor is satisfied with his production, certainly no one else need complain, as it has no significance beyond its pater-nity. We are disposed to take the pleasant view of it that is reported of a certain Mr. O'Neil, when his friend politely remarked, "I have the honor to inform you you're a lying *thafe* and a *knave*," and replied, "Oh, Mr. O'Flanagan, you *flarther* me."

We feel "*flarthered*," and would immediately, assume the grand proportions assigned to us, were we not too conscientious to appropriate all the honors heaped upon us, for we must spoil the romance by a matter of fact statement.

In the call for the convention, which was republished in the *Richmond and Louisville Medical Journal* for June, each college faculty is "invited to send one delegate, or if not able to send a delegate, it is desirable to have its views by letter." One delegate from *four* different colleges assembled, and six "letters expressed the views" of as many other institutions. The four (not "three," as has been repeatedly asserted,) living votes respected the opinions expressed by letters, and recorded the prevailing sentiments of all the faculties represented, in a report which has been forwarded to all the medical journals in the land, and published in most of them. And we are willing to submit our action to the profession at large for its verdict.

As Dr. Gaillard animadvertes upon our remarks condemnatory of the use of the daily journals of Louisville, by the profession, as a vehicle of their personal animosities, we must be permitted to state, that on the arrival of the delegates in Louisville, we were greeted with a preamble and resolutions, setting forth the enormous wickedness of the proposed action (*before* any action was had), announcing EX CATHEDRA several fearful woes upon the sin-

ners, the most *withering* of which being a banishment from the "hospitalities of the profession," so far as the signers were concerned, unless a \$120 ticket was presented at their doors. All this stuff was printed in the *Louisville Courier-Journal*, and was signed by fifty physicians, one of whom we know went away from Louisville and graduated in a "cheap school" in Cincinnati; *two had never graduated at all*, and several of the others were, or had been, connected as professors or demonstrators of anatomy with "cheap schools." Subsequent to the meeting of the convention, we received several daily newspapers from Louisville, containing a bitter correspondence, of no interest to the public, and as we considered, injurious to the profession. We so characterized it, notwithstanding the indorsement of the College of Physicians and Surgeons, which is rather a curious specimen of a report, every one of the committee being signers to the manifesto of the profession before referred to.

In our article, which Dr. Gaillard has reviewed, we say that the action of the convention in New Orleans, in regard to fees, "was *not unanimous*." Our reviewer says that "there was no dissenting voice at New Orleans." We distinctly affirm that there was *one*, if not more. Moreover, there was a large minority that did not vote, opposed to the passage of the resolution. But this is not a matter of any practical importance. We wish to make another correction. We stated that when the resolutions of Dr. Gaillard were under discussion, we put the question to the president, "Whether they were not simply advisory," and that he responded in the affirmative. Dr. Gaillard says that the president could not have so replied. We reaffirm our statement, and can bring other testimony to the fact, if necessary, but choose that Dr. Gaillard shall take our *word* for it. We shall show what has been the action of the association since its organization, in regard to medical colleges and the subject of medical education, what has been the interpretation thereof, and what the practical effect upon the schools.

The first meeting of the medical profession of the United States was held in the city of New York, on the 5th of May, 1846, under the style and title of the "National Medical Convention." At that meeting a committee was appointed to report at the next meeting, to be held in Philadelphia, in May, 1847, upon the subject of "Medical Education." The committee reported (see p. 63), recommending a lecture term of six months, that seven professors be the min-

imum number, that three months be devoted steadily to dissections, before a degree of M. D. should be awarded, and sundry other resolutions, defining the requirements for graduation, and the duties of preceptors and the faculties of medical colleges.

In 1848, the American Medical Association was formed, holding its meetings in Baltimore. In Vol. I of the transactions, on page 235 to 237 inclusive, can be found the report of the Committee on Medical Education, and on pages 35 to 38 is recorded the discussions upon the resolutions appended to the report, and the action of the association adopting, among others, the 4th, as follows: "That the committee reiterates and strongly recommends to the association, a practical observance of the resolutions, etc., etc., passed in May, 1847."

In Vol. II, 1849, is recorded a resolution "*requesting* the adoption of *concours* in filling professorships.

In Vol. III, 1850, p. 76, a resolution "reaffirms the *recommendations* previously adopted." On page 32 a resolution is introduced, "thanking the University of Pennsylvania and the College of Physicians and Surgeons of New York, and all other institutions that have conformed to our *recommendations*." Dr. Gross moved to strike out the names of the institutions. These institutions had adopted the "recommendation" for a lecture term of six months, which they subsequently abandoned simply because other colleges would not come up to that standard. It was merely a matter of dollars, and that with the oldest and most renowned institutions in the land; the "university" lost largely in favor of the Jefferson school, and very properly concluded to cut itself down before life was entirely extinct.

In Vol. IV, 1851, pp. 34, 35, may be seen the report of the Committee on Medical Education. The resolutions were concurred in by the association. The 6th resolution reaffirms all previous recommendations.

In Vol. VI, 1853, a resolution reaffirms its previous recommendations.

At the meeting in New Haven, in 1860, a lengthy report was submitted and resolutions presented. After much discussion, eight of the resolutions were adopted. But I will not burden the reader with the reprint.

In Vol. XIX, p. 32, is the following: "Dr. C. G. Comegys, of Ohio, offered the following, which was adopted :

"*Resolved*, That the American Medical Association refers the whole subject of medical education to the faculties of the regular medical colleges of the nation, pledging itself to adopt and enforce any system or plan that may be agreed upon by two-thirds of all recognized medical colleges."

"*Resolved*, That this resolution be referred to the committee already acting in this matter, and they are requested to report within two years from this session." (The report is due in 1870.)

It is worthy of note, that the original resolutions in regard to medical education have never been rescinded, but on the contrary, have been repeatedly re-affirmed. That no control over the medical schools has ever been assumed by the association, and that the character of the resolutions has uniformly been advisory.

It should also be noticed, that a committee has the "whole subject of medical education" referred to, and is allowed till the meeting in 1870 to present its report. Of course the association can not "legislate" till the report is considered or the committee discharged from the consideration of the subject.

We have said nothing of the college fee. It is but one of the many subjects involved in the system of medical education. We accord to its relative importance, but insist that it is not the *paramount* question, by any means.

With all deference to the opinions of the "great expounder" of the proceedings of the American Medical Association, we submit whether the construction of the great body of the profession, from the origin of the association to the present time, of the spirit and scope of the transactions, is not the correct interpretation?

We are content to refer to the action of the faculties of the schools, and the personal position of the ex-presidents of the association.

We assert that there is not a school in the land that has not varied from the "recommendations."

Geo. B. Wood is emeritus professor of the University of Pennsylvania, which has seven professors and a term of four and three-fourths months.

Paul F. Eve is professor in a school, with a fee of \$105.

The late Alden March, at his decease, was connected with a school with a four months' lecture term, and a fee of \$100 for one term; \$150 for a perpetual ticket.

N. S. Davis is the leading spirit of the Chicago Medical College, which advertises a fee of but \$50.

S. D. Gross is professor in a school with no professor of medical jurisprudence, and a session of but four and three-quarter months' duration, and we have already noticed his opposition to the vote of thanks to the University of Pennsylvania, and the College of Physicians and Surgeons of New York, for "adopting the recommendations of the association."

The colleges in New Orleans have a session of but sixteen weeks, and the Medical School of South Carolina continues its sessions for only four months, and charges a fee of \$105.

We had always labored under the impression that the above-mentioned schools, and others that might be named, were first class institutions, till the new dispensation of the *Richmond and Louisville Medical Journal* made its advent upon the medical Israel and consigned them to infamy.

W. H. M.

"MEDICAL EDUCATION AND THE FEE QUESTION."—We publish the following letter from our friend, Dr. McELROY, of Zanesville, with pleasure, as the first response to our editorial in the September number of this journal. We must say, however, that we think the Doctor could scarcely have written so much, and said less to the purpose embraced in our remarks:

To the Editor Lancet and Observer,

SIR: The leading editorial of the September number of your journal, discusses this question at some length, and presents, perhaps, what its editor deems the most important points towards its harmonious adjustment, for the good of all concerned.

But, it seems to me, that the whole thing wants a *safe foundation for a starting point*, and that is: "What is it that is to be taught?" A general medical education, to fit a man (or woman?) to prescribe for the sick, is certainly vague enough to be safe even for a sybil to use in a cabalistic formula.

It would, perhaps, be difficult to find two persons, even among leading and prominent teachers themselves, who would agree exactly, where all matters of personal interest or feeling were left out of the question, what such a medical education should be?

Then, there are so many "schools"; as regulars, eclectics, homœopaths, electropaths, botanics, indians, hydropaths, manipulating, analytics, and a host of others, of greater or less numerical strength, scattered, not only throughout our own country, but the

world; as well as the numberless "family pills," "tonics," "bitters," "specifics," and other proprietary preparations for the cure of all possible maladies, and for sale at every blacksmith shop or grocery in the land.

These secure patronage, equally with regular practitioners, among all classes, high and low, rich and poor, educated and ignorant. In fact, the more refined, educated, and wealthy classes, can hardly be considered, as classes, in close sympathy with regular or scientific medicine.

Why? Humiliating as it may be to confess it, the correct answer is, probably, because it is not worthy of it. A young man of considerable culture and refinement, said to me a short time since, "I never employ you regulars when I am sick, because you have no central idea to your practice. I like the ——paths, because they have a definite idea to work to in practice. I don't know whether their idea is right or wrong, but the definiteness of the thing I do like." Has regular, or scientific (?) medicine any central idea? Certainly, it can not be that of "dissimilar," (allopathy), for experience does not bear that out. It is not "similia, similibus," for the same reason. Then has it one? Yes, probably, experience. But the facts of experience have accumulated until their very numbers and contradictions produce a state of chaos in the mind, in the absence of a central principle by which their value may be estimated, and their truth or error verified by repetition.

It seems to me, therefore, that the fundamental want of scientific medicine is a central principle, or series of principles, by which the vastness of the mass of empirical experiences may be compressed into intelligible formulas.

Standing at the counter of a "family grocery" a few days since, waiting for some "supplies," one of my neighbor physicians came in, with whom was exchanged (so to speak,) the usual formalities of civilized life. An aged employee of the establishment asked in astonishment, if two physicians of the same school, ever exchanged such civilities before in this city, stating, that he had always understood they disagreed in regard to everything, and never maintained social relations at all. This was, doubtless, in part, badinage, but it, nevertheless, has a foundation in actual life. Physicians do often disagree, and for the reason that they have no central points of agreement, professionally. Each is too apt to

fancy himself better than his neighbor, and the statements [of patients, passing from one to the other, are listened to, and believed, in which they are represented as undervaluing each other's professional ability, etc., etc.

Now all this comes, it appears to me, from the absence of a central idea of what the aims of medicine actually are, or should be.

A retired gentleman, of culture and refinement, brought me, a short time since, an English work of fiction, requesting me to read some chapters he had marked, in which the practitioners of rival schools of medicine were mercilessly ridiculed, though the palm of superiority is awarded a professor of the "chrono-thermal" practice.

These things would not, because they could not [be so, were there certain central ideas (so to speak) to work to in the study of physiology, pathology, and therapeutics. Of all the collateral branches, anatomy is alone complete. Physiology badly needs some scientific compression, by introducing into it a central idea of organic life. In pathology, a few simple formulas can be made to comprise the whole of the facts in existence, or ever likely to be. But in therapeutics, where the expansion is simply TREMENDOUS, there is the most pressing necessity for a like scientific compression.

There are many who object to theories; they either want, or think they want, facts.

Only a very few days since a very interesting monograph on the "Physiological and medicinal properties of *veratrum viride*" reached me by mail, kindly sent by its author, with the following message "On the dynamics, principles, etc., etc. Theories, all theory, without an attempt to give a single *fact*, either of your own or other architects. Work friend, give us facts, you read to me as though you can work."

The details of the experiments runs over 87 pp. 8vo., and to be of any use to others than the author and experimenter, and to save *them from* oblivion, science must compress them into a formula, or formulas, of very few words. But, he and others demanding only facts in therapeutics, seem to forget that science consists in grouping facts about a central idea, or theory, to which they have some relation. To substitute generals for particulars, merging facts into principles, and thus bring useful knowledge within the compass of the mind. And until the facts of therapeutics are merged into the general principles of some theory of organic life, which

shall command the assent of the whole medical and philosophic world, practical medicine, as a science, will have no existence. Medicine has no scientific existence now. It exists alone in its facts and experiences. And, hence, the want of an agreement as to what a medical education should be, or the fees to be paid for medical teaching.

Apparently, the whole case is comprised in a nutshell, viz: An agreement upon a theory, central idea, or ideas, of organic life, in its *arranged* and *disarranged* conditions, or, in health and disease, and the objects of therapeutic interference scientifically laid down. And this can be brought about in less than a quarter of a century. A convention of, say fifty, or less, medical gentlemen, who could be named, in the United States alone, could agree in less than a month upon a theory, or basis of organic life, which the medical and philosophic world would have no choice to accept or reject. It must be accepted, and once accepted, the revolution would be complete, without half so many first class funerals beforehand, as may be necessary without it.

The fees, or compensation for teaching, form really no part of a medical education, and may be safely left to the judgment of those who do the labor of teaching. Then, every man, educated in the regular way, would be competent to, and would in the main so prescribe for the sick, that they would never get anything better, by going from one to another, as they sometimes do now. The same patient would get from all the same diagnosis, and prescriptions, in the main, for the same condition of his body. The discrepancies in diagnoses and prescriptions between different medical men would not, and could not exist. It need only be added, that the profession of medicine would then command the respect of all classes, simply because it would merit their respect.

Z. C. McELROY, M. D.

Zanesville, O., September 6, 1869.

DR. W. P. THORNTON, formerly an active practitioner of this city, has been abroad for a year, and has returned to our midst again. He has cultivated Dermatology carefully and will probably give some lectures this winter on that department of medicine.

LIBRARY OF THE AMERICAN MEDICAL ASSOCIATION at Washington, D. C.—The following circular so fully explains itself that we give it without further comment:

“The medical profession and scholars generally, are aware of the ephemeral form in which most of the early American contributions to the literature of medicine were given to the world, and, indeed, in which many of the more recent are being published. This condition of much of our professional literature is deeply regretted by all, and particularly by those whose taste and research lead them to refer to this class of works, when the fact is made apparent that whole editions of tracts and books have entirely perished through neglect. With a view to provide against such a contingency, and preserve, for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May last, resolved to establish at Washington, D. C., a library or repository of American medical works, to which it is believed all the current medical literature of our country will be cheerfully, promptly and constantly contributed.

It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts, that can be collected.

Nearly all physicians have some book or pamphlet of the character indicated, which may contain facts relative to the diseases of his section published no where else, which they can contribute without inconvenience, and which of itself is of trifling value, yet when many such treatises are assembled together from all parts of our country, embracing its nosology from the earliest period of its settlement, they will form a collection of the greatest importance to the profession.

The librarian of Congress has kindly consented to receive and preserve as a special deposit in the government fire-proof building, any collection of medical works the American Medical Association may make; and will catalogue, and keep them in condition to be readily consulted. The accommodation thus offered the Association for accumulating and preserving its library free of cost is generous and most encouraging. Gentlemen having scarce and valuable American medical publications will not hesitate to deposit

them in such a safe, central, and national repository, where they will be preserved from destruction and their usefulness secured to the profession.

An appeal for contributions to this library is now made, personally and distinctly, to each and every American physician, medical publisher and editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor.

We, the undersigned, members of the American Medical Association, having been selected to carry into effect, as far as practicable, the resolution of the Association to establish a library, have now completed all the necessary arrangements for the reception and preservation of those books which may be sent to our care. Contributions of the class of works mentioned, are therefore respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams express, to either of us, which will be promptly acknowledged on reception, and a record of titles kept. The library-mark of the Association will be pasted on the inside cover of each volume, which will contain also the name of the donor.

Hoping that you may further the project to the extent of adding at least your own productions,

We remain, respectfully,

ROBERT REYBURN, M. D., *Librarian*.

JOSEPH M. TONER, M. D., *Library Committee*.

ELECTROLYSIS IN TUMORS.—Dr. Neftel (formerly of Cincinnati), in the *Medical Record*, gives the following case:

“Hon. Th. T. D——, a highly accomplished gentleman, fifty-eight years old, consulted last year several celebrated surgeons in London and Paris (among others, Nelaton), with regard to a tumor in the left mammary region. They all advised him not to undergo any surgical operation, as they considered the tumor a malignant one, the removal of which would only hasten the fatal termination of the undoubtedly constitutional disease. The patient, nevertheless, insisted upon the extirpation of the tumor, and our great surgeon, Dr. Marion Sims, quite successfully performed the operation in Paris. Soon after the cicatrization of the wound, however, the the axillary glands of the same (left) began to enlarge, and in January last presented tumor, of the size of an egg, consisting of a conglomeration of enlarged and indurated glands. Dr. Sims again

extirpated this second tumor, the microscopical appearance of which was that of a real cancer (carcinoma of the axillary glands). The specimen was presented to the New York Pathological Society and examined by distinguished histologists. The wound this time healed very slowly, as it was accompanied by dangerous complications, an extensive erysipelas, high fever (107.8 degrees Fahrenheit), rigors and delirium. Scarcely had the wound healed, when a new scirrhus tumor began to grow in the right mammary region, and very soon attained the size of an orange, or more. It now became evident that another surgical operation would be useless, for it could only call forth, as before, an immediate relapse, and perhaps in a more dangerous locality. As nothing remained to save the patient, who was perfectly aware of his condition, and whose constitution was broken down, I proposed the electrolytic treatment, expecting, as the best result, merely the local destruction and absorption of the tumor; for, in the present state of our knowledge, I could not have entertained any hope of producing by electrolysis the least favorable change in the constitutional disease.

On the 27th of April, and the 4th and 7th of May, in the presence of Drs. Metcalf, Nott, and B. Howard, I performed the electrolysis, by means of the large apparatus of Kruger and Hirschman, with elements of Siemens, subdividing, at the second and third operation, the cathode into three and four branches, connected with the needles by serres-fines. The latest improvements of the apparatus afforded the possibility of gradually increasing the quantity of the current without interrupting the circuit, and of diminishing it in the same way, so that the circuit was broken only by the extraction of the last needle. Not a drop of blood escaped. The first operation lasted two minutes, using ten elements; the second five minutes, with twenty elements; and the third ten minutes, with thirty elements. After the operation the tumor increased considerably in size, but became softer and more elastic. No febrile or other local or constitutional symptoms followed. On the contrary, the patient, who before was weak, anæmic, and cachectic, began to gain strength and flesh; the tumor at the same time diminishing slowly but constantly. A month after the first sitting, the tumor was found a great deal softer and smaller; at the end of the second month it had almost disappeared, and a fortnight later no trace of it remained. The general condition of the patient is now in all respects excellent, and new deposits can nowhere be detected. In his last letter he

writes to me as follows: "I am not able to discover any new deposits anywhere, nor would the tumor in the right breast be detected by any ordinary observer. I hope the old devil who took lodgings there and was ejected, took all his baggage with him."

The above-related case presents the following points of interest:

1. The patient has been examined by a number of celebrated physicians in Europe and America, who have all considered him affected by a constitutional cancerous disease; and the extirpated tumors, being real cancers, have proved the correctness of the diagnosis.

2. The described case brings me to the conclusion that the electrolysis must be considered not only as a local agent, as thinks Althaus, but as one capable of modifying, and even curing, the constitutional diathesis. I explain it in the following way: It has already been established, by experimental researches, that the electric current affects powerfully all protoplasmatic structures. Hence it is possible and probable that the cells (which have to be considered as bearers of the contagion, and the cause of the generalization of the disease) get their protoplasm altered in such a way by electrolysis, as to lose its specific infectious properties, and make it incompatible with the existence and propagation of the cancerous new formation.

3. Finally, this is the first authentic case of cure of a real cancer in a subject affected with constitutional diathesis. I think that if Althaus, to whom we are indebted for the improved electrolytic method, did not succeed in curing a single case of malignant tumor, it is owing only to the imperfection of the apparatus with which he works. I have had one like it imported from London, and have ascertained, by the feeble deflexion of the needle of my galvanometer, and by the weak and muscular reaction it produces, that Althaus's apparatus generates a very small current-quantity. This explains also why he is obliged to have recourse to so numerous and prolonged sittings (half an hour), while, with the excellent apparatus I am in the habit of using, incomparably better results can be obtained in a much shorter period.

SUBSCRIBERS IN ARREARS will be good enough to remember that the year is drawing rapidly to a close. *We expect all arrears now to be punctually met.* A little effort at this time by our subscribers to promote the pecuniary interests of the *Journal* will be appreciated.

A VERY SINGULAR WILL—A NOVEL INFIRMARY.—Yesterday we heard of and read part of the most singular will on record. The maker of the will is represented to be a shrewd, successful business man, who has accumulated quite a large fortune. He exhibited no other signs of insanity than may be derived from the extreme eccentricity of his will, although it is probable the courts will, in due course, be called upon to determine the question whether the testator was of sound and disposing mind.

The will disinherits all the natural heirs of the maker of it, and devises the entire property in trust for the establishment of an infirmary for cats. A most elaborate architectural plan for the necessary buildings is attached to and made a part of the will. It provides areas for that sweet amatory converse so dear to the feline heart, and rat-holes of the most ravishing nature, to be kept well stocked. The most ingenious contrivances are provided for securing to the rat a chance of escape, so that the cats may not lose the pleasures of the chase by finding their prey come too easily. High walls are to be built, with gently-sloping roofs, for the moonlight promenade and other nocturnal amusements of the cats. The trustees are directed to select the grounds for this novel infirmary, in the most populous part of some great American city, and the devisees are to be protected, by a competent force of nurses, from the ravages of men and dogs. No person of the male sex is ever to be admitted within the walls, and no female who has children or is under thirty years old. There are hundreds of minute directions which we have no time to note.

One would suppose that in the foregoing provisions the testator had exhausted all the eccentricities of one man, however unique his nature; but the last provision of the will seems more outrageously *bizarre* than any that go before. Says the deviser: "I have all my life been taught to believe that every thing in and about man was intended to be useful, and that it was man's duty, as lord of animals, to protect all the lesser species, even as God protects and watches over him. For these two combined reasons—first, that my body, even after death, may continue to be made useful; and secondly, that it may be made instrumental, as far as possible, in furnishing a substitute for the protection of the bodies of my dear friends, the cats—I do hereby devise and bequeath the the intestines of my body to be made up into fiddlestrings, the proceeds to be devoted to the purchase of an accordeon, which shall be played in the auditorium of the Cat Infirmary by one of the regular nurses, to be selected for that purpose exclusively—the playing to be kept up forever and ever without cessation day or night, in order that the cats may have the privilege of always hearing and enjoying that instrument which is the nearest approach to their natural voice." *Columbus (Ohio) Journal, May 22.*

AMERICAN WINES.—Cincinnati has already become quite famous for its wines; and soon we are destined to be the center of a great grape-growing and wine-making valley. This culture has struggled up through many difficulties. Mr. Longworth, as the recognized pioneer, devoted many years almost entirely to developing the Catawba; but at present this well-known grape is almost neglected as not adapted to this soil or latitude, and many new and superior varieties are already introduced. Mr. E. A. Thompson, President of the American-Wine-grower's Association, has on his "Hillside" vineyard back of Covington, perhaps one hundred varieties of the grape, of which quite a number are established in their value for table use and wine-making.

Quite a little party of doctors assembled at the "Hillside" recently, eat grapes, tasted the wines, and enjoyed the hospitality of its enthusiastic owner. Mr. Thompson presented to the palate of his visitors several varieties of his wines, all of which were highly satisfactory; but we think for medicinal purposes, he has two or three that will become quite the favorites. The *Virginia Seedling* and the *Ives Seedling* are of the character of Port. The *Ives* has already become well known and regarded with a great deal of partiality. Mr. Thompson expects next year to present a superior sparkling wine from the Delaware grape. All of these "Hillside" wines are now on sale at Mr. Thompson's store and wine depot, No. 76 Third street, near Vine, and what is additionally to the purpose, they are sold at very moderate prices.

TREATMENT OF TETANUS.—In view of the importance of the subject we are tempted to give, as supplementary to our selections in the last number of this journal, the following additional testimony on the treatment by Calabar bean: Dr. Eben Watson, of Glasgow, who has said as much, perhaps, as any other man in favor of this remedy, in the September number of the *Practitioner* publishes the histories of six cases of tetanus recently treated by him with the Calabar bean; the result being one recovery against five deaths. He appears to have been much disappointed and surprised at this want of success, and in explanation of it, states that there are different varieties of the bean which vary in degree of potency, and hence the varying results!

In the New York *Record* of September 15, is a somewhat lengthy paper on Calabar bean by Dr. W. T. Plant, of Syracuse, N. Y., in which he innocently remarks, "so far as known, only

one tetanic patient has been unsuccessfully treated by the Calabar bean." This will do very well as an example of the accuracy and reliability of medical journal articles. It may be of some interest to the readers of the last number to know that Dr. A. M. Brown's second case of the disease has died since the brief account given of it was written.

T. H. K.

ANOTHER VISIT FROM SIR HENRY HOLLAND.—Sir Henry Holland, Bart., the distinguished English physician, arrived in New York on the 3d ult., in the steamer *Rhine*, accompanied by his son, the Rev. Mr. Holland. Sir Henry has long held a leading position in the profession in London, and is well known to the profession everywhere as an author. He was physician to Queen Caroline, the unfortunate wife of George IV, and was one of the most prominent witnesses on her trial in 1820. In 1834 he married a daughter of Rev. Sidney Smith. He was somewhat noted as a traveler in his younger days, his narratives of travel in Albania, Thessaly and Greece, being frequently referred to by Lord Byron, and now, at the age of eighty-one, he intends making an extended tour through the western and north-western portion of our continent, in which he will be accompanied by his son and Hon. William M. Evarts. At present Sir Henry and Mr. Holland are guests of Mr. Thurlow Weed. On their arrival here cable telegrams afflicted the Rev. Mr. H. with the intelligence that his son, nine years of age, was accidentally drowned the day after he left Southampton.

Sir Henry seems to be quite partial to our country. It is but a few years since he made us quite a long visit. *Phil. Reporter.*

MEDICAL LECTURES.—For some months our advertising department has had a large showing of announcements for the approaching lecture term. Before this reaches our readers, most of those interested will have made their choice of the school adapted to their wants and aspirations, and about these days medical students will be settled to their winter task. Cincinnati is becoming more and more an important point for securing a thorough education, and the indications already promise large classes the present winter. We have a large number of gentlemen very earnestly devoted to Medical Science and Medical Teachings, and add to this our superior hospital facilities, and we are sure students who come here will be abundantly repaid.

COLLEGE LECTURE FEES.—We see it stated in some of the medical journals that the American Medical Association, at its recent annual meeting, adopted resolutions declaring the minimum fee for a regular college lecture term should be \$120, and that such colleges as refused to comply with that rate should be denied representation in said Association. The statement, however, is an error. The Association did adopt a simple declaration of opinion, that the *minimum fee* for a regular college lecture term should be \$120. It did *not* adopt any resolution in relation to denying representation to such colleges as did not accept the standard proposed. And, so far as we have learned, the colleges generally are issuing their circulars with the same rate of fees for the coming session as had been required during the past year. The action of the Association was in the form of a simple expression of opinion, and nothing more.

Chicago Med. Ex.

PALMER LEGS IN PARIS.—Mons. Choiselat, an eminent French judge on the bench in Paris, lost both of his legs in the year 1854, and in 1855 he procured a pair of Palmers, at the inventor's office in London. This pair of limbs he has worn 'till the present time. By the last steamer from France, M. Choiselat sent an order for a duplicate pair of Palmers, to be made in Philadelphia by the inventor and sent to Paris, at a cost of 1500 francs.

M. Choiselat is the distinguished gentleman who appeared before the *Société de Chirurgie*, Paris, wearing the Palmer legs, and was thus influential in procuring for Dr. Palmer the high honor accorded him by that eminent Society some years since.

This indorsement of the invention, after fourteen years' use of the limbs, in the great city which so long excelled all others in such mechanism, is certainly worthy of notice. The Palmer limbs sustain a reputation fairly achieved.—*Exch.*

VICK'S ILLUSTRATED CATALOGUE OF HARDY BULBS.—All summer we have had a show of flowers in our pent up city lot, from some of Vick's specimens; and in sundry excursions in the country, we have been astonished at the multitude of florists who depend on Vick for their supply of seeds and plants. In view of the coming autumn he now sends out his catalogue of bulbs, and to our friends who have a little corner to devote in this delightful way, we say, send to James Vick, Rochester, New York, for catalogues.

THE MEDICAL COLLEGE OF OHIO.—*Prof. Palmer.*—In our last issue it was stated that the chair of Obstetrics and Diseases of Women, had become vacant by the resignation of Prof. Parvin, who unites his fortunes with the University of Louisville. But by oversight and the absence of the editor, notice was omitted of the new appointee, Dr. C. D. Palmer, of this city, who is elected to the vacancy. This is a good selection. Dr. Palmer has lectured for the summer school of the Miami college with acceptability, and has devoted considerable attention to Obstetrical medicine.

THE CINCINNATI ACADEMY OF MEDICINE has resumed its sessions every Monday night, after the usual summer recess. The attendance is good, and already valuable reports are on hand. The prospect is for an energetic and profitable winter's work. By a recent change in the constitution of the Academy, physicians of the entire county, Covington and Newport, are made eligible to membership. This will materially add to the efficiency and strength of the association.

TO READERS AND CONTRIBUTORS.—Our thanks are due for a large number of excellent papers, a number of which are crowded over for want of space, but will appear as rapidly as we can make room. We have some very readable and instructive selected matter marked for use, but these too lie accumulating on our desk waiting their turn. These crowded reasons have made it necessary to condense our own editorial paragraphs, and omit notices of new books for the present.

"THE PHYSICIAN AND PHARMACEUTIST" is the title of a clever quarterly published in New York by Reed, Carnick & Andrus. It is chiefly devoted to pharmaceutical interests and is well conducted. It has recently passed into the editorial care of our friend Dr. E. H. M. Sell, who is hereby greeted on his entrance to corps editorial, and we are sure he will do credit to his new undertaking.

THE ST. LOUIS MEDICAL REPORTER is suspended by virtue of being merged into the *Medical Archives*. We regret to part company with our esteemed friends of the *Reporter*, but we congratulate the result nevertheless. Two medical journals are ample for St. Louis—they are both ably edited—and yet we suspect, able as they are, they do not receive more support than is acceptable.

THE PRACTITIONER is the title of a valuable monthly journal devoted to Therapeutics, and under the editorial charge of Dr. Francis E. Anstie. We are pleased to announce that Kelly, Piet & Co., of Baltimore, have commenced its reprint in this country, and the American edition is quite as beautiful as the original English copy.

Prof. W. H. TAYLOR has returned from his visit to Europe. He has worked hard in his studies and comes home full of new plans and enlarged zeal, both for the practical duties of his profession and his special work of teaching.

We also welcome home DR. WHITAKER, who has, to a considerable degree, been a co-worker with Dr Taylor. Both of these gentlemen have been very acceptable correspondents to this journal during their absence. Dr. Whitaker will speedily furnish this journal with a series of fresh translations.

NEW BOOKS.—*Niemeyer*: Practice of Medicine. D. Appleton.
Garretson: Surgery of Mouth and Jaws. Lippincott.
Hammond: Meyer's Medical Electricity. Appleton.
Erichsen: Science and Art of Surgery. H. C. Lea.

THE PHYSICIAN'S VISITING LIST, issued by Lindsay & Blakiston, is out for 1870, in various styles and sizes. This little memorandum is too well and favorably known to need our puff.

OUR HOME PHYSICIAN is the title of a work in press, prepared by Dr. G. M. Beard, of New York. We have seen some of the advance sheets, and are well pleased with its promise.

Prof. THAD. A. REAMY makes his bow in the present number of the *Lancet and Observer*, with a letter from England. His letter will be read with interest.

Dr. A. M. JOHNSON has removed to the corner of Ninth and Elm, and fitted up a store with improved facilities for the drug trade.

T. W. SPRAGUE & Co. are offering very choice fall clothing at their well known store.

Dr. KNAPP, of New York, proposes to give a course of special instruction in Ophthalmology and Otology. See his card.

MARRIED.

GRUWELL—HOLLINGSWORTH—On the 2d of September, 1869, C. B. Gruwell, M. D., to Miss Mattie Hollingsworth, both of Oskaloosa, Iowa.

Obituary.

DR. J. M. LORD died at his residence in Chesterville, Morrow county, Ohio, on the morning of the 13th inst. He was born in Mt. Vernon, Ohio, in 1832. He studied medicine with his father, Dr. R. E. Lord and Dr. D. L. Lowingley; graduated with the honors of his class at the University of Michigan in 1838. He immediately commenced the practice of medicine in Chesterville, the home of his youth, and where he had prosecuted his studies.

As a physician, Dr. Lord had won for himself an enviable reputation. He was a close student, possessing nice discriminating and fine reasoning powers. With a well educated and active mind, Dr. Lord was always able to "give a reason for the hope within him."

He loved the profession with all the fervor of his nature, and nothing so wounded his feelings as to have her fair name marred by an unworthy member, or to see the standard of scientific medicine insulted by the impudence of quackery.

A large and warm circle of friends in Chesterville feel that they have lost a dear friend and brother.

Dr. Lord was a true christian. He was converted and joined the M. E. Church in 1849, and remained an active member till death. He was ever ready to "work for Jesus." He chose the Sabbath school as his special field of Christian labor. It was his last work on earth. He went from the Sabbath school-room to his death-bed. He is now, doubtless, in the school-room on high, taught by angels and redeemed spirits.

W.

THE CINCINNATI LANCET AND OBSERVER.

E. B. STEVENS, M. D., EDITOR.

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Original Communications.

ART. I.—*Spina Bifida. Operation and Remarks.*

By B. ROEMER, M. D., Kanawha Salines, W. Va.

I was called in the night of July 20, 1869, to visit Mr. James H——, an operative at one of the salt furnaces in this valley. Found him suffering under cholera morbus consequent on the use of strongly acidulated beer, of which he had partaken at dinner. His wife, having gone nearly to her full term of gestation, was taken in labor a few hours before I arrived, "the waters having broken" suddenly while endeavoring to wait upon her husband. Satisfying myself of the vertex position of the child's head, I left her in charge of a midwife and gave my attention to the more urgent case. Delivery took place about four hours after the first rupture of the membranes, by which time Mr. H. was sufficiently relieved to allow me to inspect the female infant, at the request of the woman who had taken charge of it. A watery tumor, globular in form, with a well defined short neck about one inch in diameter, and in size equal to a green walnut inclusive of hull, was found upon the lower lumbar and sacral region. Rudimentary processes were distinctly felt lining each side of the cleft, the lateral arches being only partially developed. I informed the midwife of the nature of this malformation, advised caution in communicating with the parents, and applied a roller sufficiently

tight over the tumor to insure moderate pressure and safety from external injury. The color of the coverings was that of the surrounding skin; the child was otherwise well formed, without undue development of head; there was no paralysis of the lower extremities; bladder and bowels acted normally, and the infant took the breast well and at suitable intervals. I saw it again on July 22; noticed no change save a slight enlargement of the sac, whose envelope was then of a redder tint, and traces of fine blood vessels more perceptible. While the appetite and natural discharges were regular, I was told that the child was never fully awake, but lay in a semi-comatose condition. The parents doing well, I informed them of the consequences of this affection upon their child. Being themselves poor, and their offspring likely to inherit a similar future, the question of restoration to corporeal independence outweighed the possible loss of their child, and I was requested to do what I thought proper in my endeavor to remedy the malformation.

I will here state that the father is fifty years old, of good muscular strength and build. His wife, a primapara, is twenty-eight years old, and a fair type of feminine muscularity, such as laboring classes usually exhibit; and their respective families are to their knowledge without symptoms of tuberculosis, nor have similar abnormalities been known.

The operation was performed on July 28. The dimensions of the sac, now of double its original size, were as follows:

Circumference around neck..... $3\frac{1}{2}$ inches.

“ of cyst along median line... $7\frac{1}{8}$ “

“ “ at right angles..... $6\frac{7}{8}$ “

Depth from summit to level of spine..... $2\frac{1}{2}$ “

The covering was of a pale pink color, and its blood vessels well marked. The instruments, etc., used, were: Brambilla's trocar (for dropsy of the eye), combined with the exploring needle; bistouri; probe; a meningophylax, with convex, but narrow and oblong compressor (see Blasius' *akiurgische Abbild. Taf. XXI, Fig. 7*); needles; adhesive plaster; white wax, and collodion with brush.

Puncturing the sac with the trocar, a sufficient quantity of clear serum*) was slowly allowed to escape to collapse the cyst around

* The quantity of liquid collected amounted to four ounces and three drachms; it was limpid, saline, and not albuminous.

the cleft for a more careful examination. A small piece of wax was next molded around the compressor to fit the outlines of the opening, especially at its upper portion, and extravasating with gentle pressure (aided by the blunt probes to reopen from time to time the puncture) as much of the liquid as dilated the sac over and around the cleft, I applied the compressor slightly warmed (to mold the wax still further to the shape of the cavity, and to insinuate itself around the rudimentary lateral arches, which limited each side in shape of small cones) firmly upon it, and gave it in charge of an extempore assistant, whom I had previously instructed. Being satisfied that the compressor controlled fully the communication with the interior spine, I made with the bistouri an incision at a depending point of the sac, thus giving exit to the remaining serum mixed with a little blood from the covering, and formed by a horizontal cut of the envelope two flaps, the upper one sufficiently long and much below the compressor, so as not to interfere with it, and the lower one short to meet it. Two stitches were taken, and four narrow adhesive strips laid across the incision and as near as possible to the compressor, which had not been removed nor relaxed. A firm coat of collodion was then added to close the interstices, and a compress retained by a many-tailed bandage around the body of the child. No further exudation of fluid occurred. The child was quiet throughout the operation, which lasted twenty minutes, and it gave evident signs of appetite, which were gratified at its completion; it took the breast readily. I directed to reapply collodion wherever it seemed about to peel off.

August 1. Improving; bowels and bladder act regularly; appetite good; instead of the former comatose condition, the child now has its alternate spells of waking, sleeping, eating, and crying.

August 9. Removed adhesive plaster and cut one remaining stitch; adhesion perfect and firm. Covered the whole cicatrix with collodion, and reapplied the many-tailed bandage with a compress, a piece of soft leather one-eighth inch thick, properly secured in a cushion; the child is gaining flesh; motory power over lower extremities unimpaired; measurement of the head, before and since operating, gives as yet no increase in size.

August 29. The child is doing well; has gained up to this time two pounds in flesh; head unchanged; cicatrix contracting; re-applied a firm coat of collodion and former compress with bandage.

September 17. The child uninterruptedly improving in strength; weighed to-day fourteen pounds, a gain of four and a half pounds since the operation; motory power perfect, and the appearance differs in nothing from that of other healthy children.

Certain peculiarities of fetal life seem to favor the production of congenital hydrorachis:

1. The spinal column is proportionately larger in the infant than in the adult; it is symmetric with the head; the primary formative process is more active and centric, and the laws of genesis, because here the most necessary and specifically most required, seem to apply as well to the spine as to skull.

2. The spinal column is perpendicular to the horizontal diameter of the atlas, and descends uniformly in a straight line; the pressure of the cerebro-spinal fluid and its superstrata is therefore direct and uninterrupted by the friction of subsequent curves. This becomes of greater importance, because:

3. The pyramidal figure of the spinal column is reversed in the fœtus, its apex lying in the lumbar vertebræ. The amount of pressure from the fluid exerted at the apex is represented by the weight of the fluid minus the friction along the walls. Add to this, that the development of the lumbar vertebræ commences usually by five cartilaginous centers, which even at birth are separately movable, and we should, *a priori*, look for a greater frequency of spina bifida in that locality.

The undulatory movement of the fontanelles in an infant is based upon a two-fold cause, an arterial and a respiratory; the former causing the elevation of the covering during or immediately after the systole and a depression in the diastole. Ecker, Burdach, Magendie, and others, found the same ebbing and flowing to exist in the spinal column; and that other observers, Haller and Flourens, have failed to discover it, is probably owing to the selection of animals for experimental purposes which really do not possess this quality (domesticated rabbits). The lungs, however, have a more decided motory power over the brain. As each expiration raises the brain, the cerebro-spinal fluid is propelled upward, and it recedes at the inspiration; the former favoring the propulsion of the arterial blood and retarding the collapse of the venous trunks, while the latter has an opposite result. Ecker has shown that the ultimate removal of the cerebro-spinal fluid conditions a corresponding diminution of the respiratory evolutions of the brain, which is only restored to its former magnitude by

closing the wound and allowing the fluid to be reproduced. The venous sinus of the spinal column are, however, capable of greater distension than the vessels of the brain, and a certain volume of fluid finds its way by displacement through the lower portion of the fourth ventricle, cerebro-spinal opening, fourth ventricle proper, aqueduct of Sylvius, third ventricle, and foramina of Monro, into the lateral ventricles on each side, by which the overlying brain is elevated.

In the normal relation of the cerebro-spinal fluid with the brain and spinal cord, it secures the surrounding surfaces against friction with neighboring resistive structures, fills the open spaces, and gives way to the various displacements of the contents. The fluid may be said to support the accumulation of venous blood in congestion, inspiration, etc., and is itself supported by the venous blood of the interior vertebral canal. In the reciprocity of this pressure may, perhaps, by future investigations, be found the cause of certain obscure diseases, tetanus, chorea, etc., of which I may speak in a future article.

In the abnormality of a greatly increased volume of fluid in the encephalon, these movements are considerably lessened, of which fact the full and distended fontanelles are the evidence, especially in congenital and internal hydrocephalus, and one of the most important causes of this disease is to be found in the occlusion of the passage of fluid by a membranous gate across the sylvian aqueduct; not because the fluid could, *eo ipso facto*, not be as readily absorbed, but because by a want of retrocessive pressure through this passage to the continuous spinal cord, the restorative activity of the brain is paralyzed and reparation impossible. In hydrorachis, it may be presumed that the movements of the brain are only diminished in a direct proportion with the volume of fluid. Ecker found the spinal undulation *undiminished* after total removal of its fluid, and supposed that the expansive capacity of the spinal venous sinus must be powerful enough in itself to raise the spinal cord.

The faculty, therefore, of displacing an accumulation of the cerebro-spinal fluid by pressure, as we witness it in spina bifida, is not one peculiar to this affection *per se*; no further morbid condition of the cord and its continuity with the encephalon is necessary for its existence. It constitutes another proof for such a communication. In like manner does the removal of the fluid by puncture diminish or annihilate the support to the blood vessels, and a

failure of counterbalance to any hyperæmic status is the consequence.

The comatose condition of the infant with spina bifida is the direct result of pressure.* The experiments of F. Magendie (*loc. cit.*) have shown that water of 36°–37° C. (96.8°–98.6° F.) injected through the dura mater produces similar phenomena, sometimes united with irregular muscular action. The volume of pressure also exerts its influence to morbid conditions. Hydrocephalus is usually present when the spinal deficiency is located in the cervical region, less frequently *pari passu* with a lower position. The same analogy by which, according to Morgagni (*de sedibus et causis Morborum*) the absence of a cervical vertebra predisposes to apoplexy is applicable here, for the greater approximation of the heart's impulse to the brain increases also the exponent of pressure of an augmented fluid.

Any sudden impression on the nervous system, not only by disturbances in its characteristics as vital agents, but also by the mere mechanical action of a reduced compression (as in the abstracted cerebro-spinal fluid) leads to a consequent increase of local sanguine force, and we meet it in the sudden death in childhood from hasty alteration of posture after spasmodic disorders (or disorders of spasmodic tendency), owing to an impaired respiratory process. As adjunct causes, we notice that in infancy the blood vessels of the brain and spinal column are more liable to give way under pressure without being ruptured, and that, consequently, by the greater fluctuation of the unossified skull the relative quantity of blood can be permanently much increased without giving rise to extravasation. Advanced life gives apoplectic seizures where in childhood we find spasm and hydrocephalus, for the exponents of which we look to the impaction of the nerve centers, cushioned upon the accumulating blood in its full and fluctuating vessels to the production of a hypostatic hyperæmia, under which the animal economy is obliged to succumb. Again, the elimination of the separating medium, the cerebro-spinal fluid, induces nevertheless a congestion of the cerebral veins, certain parts of the brain, etc., approximate each other so that, especially the pneumogastric nerve, is so compressed as to

* F. Magendie, Physiologische u. klin. Untersuchungen uber die Hirn u. Rückenmarkflussigkeit, pp. 23–26.

result in pulmonary paralysis or violent epileptic spasm with fatal laryngismus stridulus.*

Passing now to the *treatment* of spina bifida. We find not only a variety of procedures, but also a seeming indiscrimination as to the best mode to be adopted in certain cases. Some writers favor the Baglivian axiom of "*scire multa agere pauca*," and advise a course of treatment well suited in a case of an infant of "wealthy or otherwise well to do people." "*To interfere as little as possible with the tumor: if any local medication only a simple discutient lotion, or a defensive and discutient plaster with gentle pressure; abdominal secretions and excretions promoted; a healthy wet nurse under the treatment of a course of iodine*" (see *Copeland's Med. Dictionary*), was perhaps effectually carried out in the case given by Dr. Wm. Pepper (*Amer. Jour. Med. Science*, July, 1867, p. 137), who saw the result of one of the most favorable instances, none of the fibers of the spinal cord entering the sac, not interfered with. The existence, however, of spina bifida in after years, is an exception to the rule, and should not govern the practice and decision of the surgeon.

Repeated puncture of the cyst, with gradual extravasation of the contents was first practised by Ruysch† and afterward by Abernethy.‡ Abercrombie added gradual pressure, which was more fully carried out by Sir A. Cooper.§

The objections against repeated puncture, with or without systematic pressure, may be summed up as follows:

1. All cystic collections have a common tendency to reproduce an altered fluid of greater drainage and destruction to the system. The non-albuminous contents become albuminous, particles of pus and debris of lymph are seen floating about. The few cases on

* Duges reports a case of spina bifida in *Revue Medicale*, April, 1823, in which he maintains that such a tumor was ruptured in utero, and closed again *ante natum*. This is possible under the supposition that the encasement of the fœtus within the membranes and the pressure of the liquor amnii are sufficient to support the cerebro-spinal fluid, and counterbalance its gravitation. The subsequent vertex position of the fœtus may also aid in effecting this result. In the case here reported, the intra-uterine motions were strong, as common with most children. The coma supervening after birth may be due to the removal of these causes.

† Observat. Anatom. Chirurg. Observ. 35, 36.

‡ Surg. and Physiol. Essays, part I, p. 75.

§ Medico-Chir. Transact. (Philad. Ed. Anat. and Dis. of the Breast), p. 55-63.

record, belonging here, teach, that after a primary diminution of the sac, the irritation was transplanted to the brain (convulsions, hydrocephalus), and after death a creamy pus occupied the cyst in communication with the theca vertebralis; lymph was found adhering to the arachnoid lining with general appearances of acute inflammation, etc.

2. The most unfavorable grade of spina bifida, "ulcerated coverings, giving way under the inflammation of the membranes of the cord with the symptoms of spinal meningitis," is invited by repeated perforation. (See Copeland, p. 742). At each extravasation of the fluid, we induce a hyperæmia of the superior blood vessels and more or less friction between parts before separated.

These objections are of greater import if the perforation is associated with the injection of iodine, as practised by Velpeau and Brainard. In injecting the cyst we really bring an irritating fluid in direct contact with the nerve centers, and if, to obviate the injurious effects of such a contact, we ligate the base of the sac, we must first determine the probable consequences of

1. The absorption of the injected fluid;
2. The inflammation of the constricted membranes and its progress to the internal arachnoid; and,
3. Should all happen well, where is the guarantee that we may expect a removal of the strangulated cyst with perfect adhesion, rather than the third variety of spina bifida, according to Billard (*Traité des Malad. des Enfants*, etc.), "the skin opened, allowing the effused fluid to escape through an ulcerated perforation," and of which he says, that death follows speedily? (Copeland, *loc. cit.*, p. 741.)

Dr. Samuel D. Gross tried the proceeding of B. Bell, tying the base of the sac so as to cut off the further propulsion of the fluid, but unsuccessfully. Dubois uses a steel clamp to compress the cyst and bring about adhesive inflammation. The actual cautery has even been proposed. The proceeding of Dubourg* comprises the removal of a part of the sac at its base so as to form two flaps, the finger of an assistant preventing the escape of the spinal fluid and the entrance of air. The wound is closed with hare-lip pins and the twisted suture. Recommended by him only when the swell-

* Jour. de Med. et de Chir. de Toulouse, September, 1839. See also Chelius' System of Surgery, translated by South; vol. III, p. 190.

ing is moderate and the child's head otherwise good. Beynard* surrounds the base of the tumor with a spring into which a ligature is introduced and ties it up. By a gradual constriction of the ligature, the inner walls of the sac are brought into contact, and after effected union he cuts off the exterior and brings the suppurating edges together with adhesive plaster. Sometimes he punctures the cyst, should the swelling be very tense. Chelius prefers the mode of Beynard to that of Dubourg. Most† speaks of electro-puncture, by which he thinks to obtain adhesive inflammation.

The objects which I had in view in operating for spina bifida, as indicated, were:

1. The selection of favorable cases: non-complication with hydrocephalus, other deformities or multilocular and open cysts. Absence of symptoms that the brain is seriously implicated.

2. Gradual and careful extravasation of the contents without suction upon the spinal canal and descent of its fluid.

3. Prevention of entrance of air.

4. Perfect closure of the wound without the use of irritating means, so that all causes leading to local or continuous inflammatory action may be avoided, and healing by first intention promoted.

5. Subsequent systematic support of the cicatrix until the defective spine is supplied with a firm covering, relying upon the efforts of nature to supply the place of an osseous with a cartilaginous formation, as we see it after trephining the skull.

I adopted the perfect occlusion of the spinal opening by means of a suitably-shaped instrument, as fulfilling the second and third proposition. I found, in my collection, the meningophylax of the most promising shape. To obviate the possible escape of the fluid, because of the irregularity of the cavity, I added white wax to the compressor and softened it before its application, to insure its cast-like entrance. Perhaps future operators may find a hollow rubber cone, or calcined gypsum molded into the cavity and allowed there to harden of better service still. The time necessary to give solidity to the cast is so short, that no fears need be had on that account, especially if the composition is properly made. The relative length of the flaps is obvious, in order to avoid moving

* Gazette Med. de Paris, vol. IX, pp. 481, 700.

† Encyclopædie der gesammten Med. und Chirurg. Praxis II, p. 73.

the compressor, and the whole operation, even to the coat of colloid, is completed before the meningophylax is relaxed. I will further mention, as an advantage for this operation, that the assistance necessary can be rendered by any one having a moderate degree of self-possession and fortitude, and that the after treatment can be intrusted to most nurses. The operation once finished, no essential part of it need to be repeated, nor does the uncertainty in the maintenance of uniform pressure, so much depended upon in puncture followed by a hernial support, leave the success of the operation in hands little qualified to guard it effectually.

ART. II.—*Are Rat Bites Poisonous?*

By O. C. FARQUHAR, M. D., Putnam, Ohio.

This is a question, that I confess is more easily asked than answered. In the January number of the *Lancet and Observer*, is an article on the above subject from the pen of Dr. Gilliam. The September number of the *Lancet and Observer*, contains an article from Dr. McKeehan, making the inquiry: "Are human bites poisonous?" According to Prof. Gross, very serious consequences have resulted from wounds inflicted by human teeth. Dr. McKeehan in his very able article, says, that a human bite is as poisonous as a rat bite. "The one is as susceptible of proof as the other." I can not understand the mode of reasoning adopted by Dr. McKeehan, that so readily enables him to express the opinion that he entertains on this important subject. Prof. Gross, in his work on surgery (p. 362, vol. 1), gives the history of two or three cases that came under his observation in which the wounds from human teeth, were followed by serious erysipelatous inflammation and great constitutional disturbances. The able surgeon and author, just referred to, does *not* say one word concerning rat bites. A careful reading of the article in Prof. Gross' work on surgery, (vol. 1, p. 361), headed, "Tooth Wounds," will convince the reader at once, that he does not attribute the high inflammatory action, and the erysipelatous character, following tooth wounds, as due or dependent on any *poisonous virus*, contained in the saliva, or on the teeth of the person inflicting the wound. Dr. McKeehan, in his article, seems to view the case

somewhat differently. He says, "that the fluids of the mouth are not always healthy. This is manifest from the fact, that some materials, as tin foil for instance, used by dentists, in filling teeth will corrode in some mouths, and not do so generally; and this vitiated state of the secretions of the mouth, may act as a poison when absorbed by the wound, and produce the disastrous effects already alluded to." After reading the above paragraph I must confess that it completely nonplussed me. My perceptive faculties are either very obtuse or Dr. McKeehan's are morbidly acute and clear. I most certainly should not attribute the disastrous results following the human tooth wound, to any such agency as his "*corroding process*" within the mouth, which would eliminate poison of such quantity and virulence as to render the saliva highly poisonous, by reason of its holding tin foil in solution. Suppose that tin had actually been introduced, direct if you please, into the circulation, even in quantities greater than could possibly occur from Dr. McKeehan's "*corroding process*," should we reasonably expect such disastrous results to obtain, as he attributes to that cause? The limited knowledge that we possess, relating to the properties of tin, impress us with the conviction, that it requires the strongest acids, to materially corrode, or dissolve it; keeping before us that fact, we can not attribute the baneful effects following a human bite, as due to any such agency as poisoning from tin filling, contained within the cavity of a carious incisor. If human bites are so malignantly poisonous, why is it the fact, that by far the largest majority of persons receiving mechanical injuries from the teeth of others, escape the erysipelatous inflammation entirely? In our younger days we have witnessed many "biting" and "gouging" affrays, and so far as I can now remember, the wounds generally healed up kindly without manifesting any particular disposition to become irritable and seriously inflamed. There are exceptional cases to this rule, depending on reasons that I shall mention hereafter. In concluding this part of our subject, we are forced to the opinion that the high grade of inflammatory action following wounds produced by human teeth, depends on two or more causes combined. The first and perhaps the most important cause is the habits of the persons injured. It is a well established fact, that the habitual indulgence in strong drinks, is a frequent cause of disease. When taken only, or chiefly with food, *not* as a substitute for it, but as a constituent

of general "free living," they contribute to an abundance of ill-assimilated, overheated blood which either finds its vent in eruptions on the surface or by local fluxes, erysipelas, etc., etc. The habit of intemperance certainly increases the proneness to inflammatory disorders, and disposes its subject when injured to unfavorable terminations, and causes many a victim to sink after operations which would be comparatively trifling in a sober subject. We may with safety, add to the list of operations, accidents comprising not more than the slightest abrasions of the cuticle. *Second.* Another cause of a tooth wound terminating in an erysipelatous inflammation might depend somewhat on the amount, and kind of attention and care bestowed on it, as well as atmospheric vicissitudes and exposures. *Third.* We will agree with Dr. McKeehan's views in this, that the unhappy sequence of *many* "human bites," if not all, are due to what he denominates an erysipelatous diathesis. Before venturing a positive diagnosis, it might be better for us to carefully examine the general habits of the patient, by so doing we might very easily trace the disastrous results of wounds from human teeth, as well as slight abrasions of cuticle from other causes; to some one or all of the peculiarities of habit, referred to above. We have noticed the same inflammatory phenomena supervene, to abrasions of cuticle, that had been produced by wounds inflicted by the human finger-nails, that Dr. McKeehan has observed in *his* cases of human tooth wounds. In wounds from this latter cause, we should not think of attributing the pain following, fever, inflammatory action, erysipelas, and constitutional disturbance, to the barest possibility of there having been carried into the circulation any of the vitiated secretions of the mouth, containing particles of food in a state of incipient decomposition, or even *tin foil* in solution. *Are rat bites poisonous?* Dr. Gilliam in his article on this subject, and the history of the cases cited by him seems to my mind very strong presumptive evidence at least, of their *virulent* and *poisonous* nature. In view of the great physiological difficulties to be overcome, before we can furnish proof positive, showing the poisonous nature of rat bites; we can only approximate such an opinion by a process of careful statistical comparison. We can furnish the complete history of the phenomena as exhibited in at least half a dozen persons who have been bitten by rats, and persons too, of good habits and constitutions, and in every instance, there was evidence of poison having entered the

circulation. In two of these cases the wound healed kindly, or was about well, when pain and inflammation of an erysipelatous character were ushered in, preceded by a heavy chill. One of these cases terminated in gangrene and death. The other one, after a protracted illness, was left with an atrophied, and almost useless arm. It may be proper to say here, that in all cases of recovery from rat bite, that have come to my notice, an atrophied condition of the limb bitten, has almost invariably been the legacy bestowed on the unfortunate subject. In some of these cases time and treatment have been of great service in partially restoring the limb to its pristine realities and usefulness; while in others the deformity still remains. Without entering into the minutia of details, and the history of any one particular case, I will remark, that in all of the cases that come under my observation, the mechanical injury inflicted by the teeth of the rat, had about healed before the poisonous effects of the bite were exhibited. Is it not fair then to presume, and may it not be highly probable that the part bitten, at first inoculates the person bitten, then the poison accumulates by a process simulating zymosis, forming the inflammatory and erysipelatous condition that afterward obtains? Thence the system becomes contaminated, through absorption, and in the blood a second, or general zymotic process is effected, whence the secondary symptoms are produced. Our experience with rat bites has almost convinced me, that a period of incubation is observed, not differing materially from the latency of the manifestations of poison, as is beautifully exhibited in cases of bites from animals infected with rabies. It is a fact, that the wound inflicted by the teeth of rats, heals as kindly as any similar wound, made by a sound animal; the scar, perhaps, remaining a little red and tender, as it usually does after an ordinary bite, but exhibiting no other peculiarities, and the system being perfectly free from disease. By and by, however, when the period of incubation is past, its zymotic properties explode with frightful violence. The period of latency has passed, and the case has declared an activity. Local and constitutional disturbances begin. If it is the finger that has been bitten by a rat, pain at the point of injury is revived; and it is generally of a darting, throbbing nature. The part soon becomes sore and irritable, hot and highly inflamed, often running into a condition simulating phlegmonous erysipelas, and sometimes gangrene and death. Such having been

our experience with this class of wounds, we are compelled to view them as poisonous. In conclusion I will remark, that I am aware of the fact that idiosyncrasy may exert an important influence, in diseases of this character.

ART. III.—*Purpura Hemorrhagica.*

By DR. F. W. HUNTER.

The infrequent occurrence of purpura will account for the meager space occupied by our authors in writing its history. The symptomatology of this disease is so accurately described that no difficulty attends our diagnosis. Etiology, pathology, and therapeutics have not received that elucidation desirable; hence the disappointment entertained when one hastens from his patient, who is discharging blood freely from the mouth and urinary organs, to his library, and examines his favorite authors, finding little consolation from remedies recommended. It strikes me that if more of the space devoted by our authors to the differential diagnosis of this affection, and scorbutis, were given to clinical observation of the disease in question, country practitioners, at least, would find more satisfaction in perusing their books.

In a practice of almost ten years, it has been my province to have treated but one case, and I regret how utterly helpless I was to render any appreciable aid. My efforts to arrest the hemorrhage (even from the mouth, where topical applications could be applied), were unsatisfactory. The vital current gradually oozing away, the suspense and great anxiety of the friends, noticeable in their manners and plainly depicted upon their countenances, conspire to remind the physician of the immediate necessity of prompt action. The therapeutics advised in this disease, especially hemostatics, are tried; hemorrhage continues; the anxiety increases as blood is observed in the discharges from another outlet of the body. A remarkable feature of purpura hemorrhagica is the entire absence of pain, and this fact contributes to create a belief among the friends that proper means are not being used to arrest the disease.

Reference to medical journals does not throw any light upon the subject, as I am unable to find the mention of a single case in any of

my recent periodicals. With the exception of the final result of this case (recovery), my efforts proved unsatisfactory, and it is a source of regret that I am unable to determine how much of the success, in restoring my patient to health, is attributable to medicines used, or to that mysterious and potent power "*vis-medicatrix naturæ*." Must we place this affection nosologically among those diseases believed to be self-limited in their course. Will not the modern developments of pathological chemistry enlighten us as to the morbid condition of the blood, or to that want of continuity of mucous membrane involved in this malady. The previous history of this patient, and her physical condition when attacked with purpura, confirms the non-identity of the latter affection and scurvy. Being the wife of a well-to-do farmer, and a lover of vegetables (of which they always had an abundance), precludes the possibility of scorbutis. Sponginess of the gums or stiffness of the joints has never obtained with this patient.

In reply to the inquiry of friends as to her condition she would say: "Nothing hurts me; I am just bleeding to death, in spite of the doctors." I confess that her laconic answers reminded me forcibly of the inadequacy, apparently, of my efforts to relieve her.

My great desire to find an article on this subject, from the pen of some of your many and able correspondents, has induced me to forward this paper for publication. I append the following clinical notes of the case:

Mrs. S—, aged 32, mother of three children, general health good, states that she "miscarried four months ago, and had suffered considerably afterward from inflammation of the uterus;" that great vigilance annoyed her during that time, and that anorexia prevailed for weeks. Two weeks prior to her present sickness she had an attack of remittent fever, which subsided in a few days, without treatment.

Was called to see her March 1. Found her sitting by the stove, constantly clearing her mouth of blood. She was spitting into a vessel which contained half a gallon of mucus and blood. An examination of the mouth revealed patches throughout that organ that seemed to be denuded of mucous membrane, and blood was exuding slowly from these points. Purple spots were apparent in portions of the mouth not discharging blood. Metastasis of the bleeding points was noticeable. Extravasation of the coloring

property of the blood beneath the surface had caused petechiæ over the entire body. Believing the blood to be in a depraved condition, I ordered 15 drops mur. tinct. of iron every four hours; also applied the same to the mouth with a view to arresting the hemorrhage.

March 2. Hemorrhage still oozes from the mouth. Made strong solution of tannic acid. Not having the desired effect, dry tannin was applied to the bleeding surfaces. Prescribed native wine, and ordered the liberal use of cream and other nourishing articles of food.

March 3. Bleeding unabated. Aromatic sulph. acid applied topically, which partially arrested hemorrhage. Appetite good.

March 4. In addition to hemorrhage from mouth, blood is abundant in urine. Nit. silver (fused) was now applied to the bleeding in the mouth, and effectually checked the bleeding where it could be used. Hemorrhage now oozed from between the teeth where it was impossible to touch the parts with the caustic.

March 5. Per-sulphate of iron was used in solution, and in powder, without producing good effect. Appetite has left her. Wine and cream is given bountifully; hemorrhage continues in urine, but has partially abated in the mouth; bowels regular. Oil turpentine and opium were given every three hours.

March 6. Hemorrhage continues from urinary organs; an under-current of fever is observable of remittent form. In addition to iron, which she has taken ever since it was prescribed at first, she is to take 15 drops of arom. sulph. acid with 3 grains of sulph. quinia in solution, every three hours.

March 7. Blood has about ceased to appear in urine. Iron, quinia and elixir vitriol continued.

March 8. No hemorrhage; remittent fever clearly marked; pulse, in the afternoon, runs about 120, down to 90 in the mornings; patient very feeble. Wine and concentrated food given freely; tonics and iron continued.

March 9. Pulse during pyrexia 98. As the exacerbation declined, pulse numbered 75. Quinia in solution continued.

March 10. Convalescence marked. Tonic doses of quinia continued. Appetite good.

March 12. Patient clear of fever, and very much prostrated. Ordered

R.—Tinct. Ferri Chloridi, ʒij.

Potassa Chloras, ʒj.

Aqua Pura, Ojss. Mix.

To take a tablespoonful morning, noon, and night, before meals.
I omitted to mention that pressure of the gums was tried, and with good effect.

March 20. Patient has made a rapid recovery.

ART. IV.—*Gunshot Fracture of Thigh.—No Apparatus ever Applied.
Consolidation at the end of about two years.*

By ADAMS JEWETT, M. D., Dayton, Ohio.

Wm. Silzel (a native of Germany), private Co. C, 61st reg't, O. V. I., discharged at Annapolis, Md., Dec. 30, 1862; aged 50; presented himself to me for examination for invalid pension, March 23, 1863. He reported that in an engagement at Fremont's ford, Va., August 22, 1862, he was shot with a musket ball, through the right thigh, fracturing the limb; that he lay upon the field for several days, uncared for, except that passers-by furnished him with water, he having a sufficient supply of eatables in his haversack; that a kind-hearted man then removed him to a mill near by and attended to his wants during eight weeks; that no attempt was made to adjust the fracture. Nothing in the way of apparatus applied; that he was not prescribed for by any medical man, but that he himself applied water dressings to the limb; that at the end of those eight weeks he was transported to Richmond, Va., and after some time, exchanged; that then, while waiting for his discharge, he was in the camp hospital, but no treatment was there attempted.

Such was, in brief, his own story on presenting himself for examination, March 23, 1863. He came on crutches. Appeared to be of a good constitution, and to be then in good health. Well consolidated cicatrices on the inner and outer face of right thigh indicated that a musket ball had passed through the limb, near the union of the lower with the middle third of the femur, fracturing the bone. There was evidently no bony union. It was easy to bend the limb considerably at the point of fracture. Little complaint of pain or soreness. Limb shortened about two inches.

Oct. 16, 1863. Diminished mobility at the point of fracture.

Sept. 5, 1865. Firm consolidation of the fracture. Uses a staff
Laid aside his crutches, he says, about a year ago. Foot slightly
everted. Very little deformity.

Since then have seen him frequently. Sometimes using a staff,
sometimes without. *Nil desperandum.*

ART. V.—*Umbilical Hemorrhage.*

By JACOB T. DAVIS, M. D., Laconia, Ind.

Editor Lancet and Observer: I will, with your permission, report a case of umbilical hemorrhage that occurred in my practice a few years since. My attention has been called to this matter by an able and instructive report of several hundred cases of the above "terrible and fatal accident to the newly-born" in that very valuable journal, *The Half-Yearly Compendium of Medical Science*, January, 1869.

Mauriceau is credited with having reported the first case. Watts, as far back as 1752, alludes to it in the *Gentlemen's Magazine*. It seems, from the tables contained in the report referred to, that the accident is not very common, as some of the leading obstetricians in Europe and America are only credited as having had two or three cases. Dr. A. Vogel says it is extremely rare; occurring only once in 10,000 newly-born children.

CASE.—Mrs. D., aged 30, was delivered of her third child at eight o'clock, A. M., Jan. 2, 1866. Labor natural. Child well formed and presenting a tolerably healthy appearance. Cord ligated in the usual manner. In a couple of hours after the birth of the child, the mother and child being both made comfortable, I left for home, four miles distant, with instructions to the nurse to inform me of the condition of both mother and child the following morning, or sooner, if necessary.

January 3. A messenger came this morning about 10 o'clock, and informed me that Mrs. D.'s child was bleeding to death. It had been bleeding, he said, for about two hours before he started for me. I immediately started for the residence of Mrs. D., but before I had reached half the way I was met by a person who

informed me that the child was dead. Mrs. D., her husband and her nurse, each informed me that the baby was well in every way, so far as they could see, until the hemorrhage commenced. It had been washed and dressed shortly before the accident occurred, and nothing whatever was discovered to be wrong. It died in about four hours. No autopsy. If I had been apprised of the accident earlier, I would have endeavored, with the ligature and styptics, or cautery, to have stopped the flow, but it was neglected too long. I can not assign any cause for the accident in this case, except it be the rather delicate health of Mrs. D.; but I hardly think this alone would account for it. The nature and causes of these terrible accidents will bear further investigation.

ART. VI.—*Gunshot Wound of the Knee-joint.*

By R. H. JOHNSON, M. D., Cincinnati.

George T. Dennecker; age, 25; residence, 71 York street, Cincinnati; time, March, 1864; was shot from behind, through the right knee-joint, with a small pistol ball, at the moment of passing out and over the threshold of the door of a saloon, the limb being flexed just as the foot was raised to make the stride. The ball on entering the popliteal space, evidently did not touch either of the three *synovial bursæ* beneath the adductor magnus, nor the popliteal artery, nor either of its branches—the anterior and posterior tibia—as not a drop of synovia or arterial blood issued from either the wound at entrance or exit of the ball; the latter wound being a little to the left of the center of the lower edge of the patella. I at first surmised that the ball might have made the half circuit of the joint, but critical examination failed to find any evidence of it. The ball had passed directly through the joint, and without producing any fracture, as the sequel proved. It must have passed between the two lateral eminences, the tuberosities or spine of the tibia, nor was it deflected from its course by the double head of the gastrocnemius, as they are separated when the limb is flexed. The patella was uninjured.

Treatment and Result.—No mechanical pneumatic occlusion of the wounds was applied, as they soon became dry, and appar-

ently healed by first intention—nature obviating the necessity of art appliances. Enormous enlargement of the joint and limb took place, which was combated successfully with free and repeated application of leeches, cold water dressing, perfect rest and spare diet.

At one of my visits I was surprised to find an enormous poultice covering the joint and part of the limb, which I threw out the window, and learned from the patient that a medical friend of the family had been called in by some one, who had applied the poultice. I refused to have anything further to do with the case if to be interfered with in this way—impressed the importance of avoiding suppuration, and consequent exhaustion, and perhaps ankylosis or death, and demanded to know whether I should continue to treat him. By his consent and desire, I continued, and the case went on to a rapid and successful termination. In six weeks he was out on crutches, with daily increasing flexion, resulting in such good use of the limb—the joint—at the end of four months, that he went to Indiana and assisted his father in the harvest field, the joint not in the least ankylotic. I saw him to-day, October 15, when he informed me the only trouble he had ever had, and still has occasionally, is a neuralgic twitching pain for a moment or two.

What must have been the result had the poultice treatment been continued, as was too often the case in the late war, it is easy to conceive, ankylosis, exhaustion, suppuration, and perhaps death from pyæmia. I have sad remembrance of the death of a gallant colonel of one of the regiments of the 14th brigade, 2d division, army of the Cumberland, from this *poultice* treatment, on board a steamboat at Shiloh, and when I visited him, remonstrated with him and his attendants, warning them of the result, which was exhaustion, suppuration and death from pyæmia.

Translations.

The Vesicular or Cystic Mole (Blasen Mole), in its scientific and practical considerations, by Dr. Marcus Bloch, Freiburg, 1869. From Schmidt's Jahrbucher, Aug. 1869.

Translated by JAS. T. WHITTAKER, M. D., Cincinnati.

It is the endeavor of the author, in this brochure which is well worth the perusal, to collect the rich but disseminated material, and thus to fill the vacancies in the literature of this subject, which have existed since the treatise of Mad. Boivin, 1827. Since the vesicular or grape mole (Virchow's *Myxoma cystoides multiplex*) is a degeneration of the chorion villosities, it can of course, only be formed when a coitus has given the necessary impulse to the development of a fructified ovum. The solid mass in the interior of the formation, designated by many authors as the central nucleus, has been, as by Boivin too, generally inaccurately described. Traces of the embryo were indeed found in the interior, even the embryo itself, but generally atrophied and degenerated, so that its size certainly did not correspond to that of the entire ovum, or to the period of gestation. Of particular interest is the occurrence of partial degeneration of the cotyledons, which have been observed both in the chorion and very often in the placentas of ripe fruits (Hildebrandt *Myxoma fibros. plac.*) when the fœtus is generally found dead, badly or defectively developed, in other cases, however, living and fully developed. Great accumulation of liq. amnii has been often noticed, and not seldom has this complication existed with a normal twin-birth. As to the finer structure and the point of departure into degeneration, views are different. Formerly the belief in the existence of genuine entozoa was entertained, and Boivin endeavored to detect their motions; latterly the vesicles have been considered to be degenerated blood vessels (Ruysch, Albin, Urisberg, Sandifort, Haller), or lymph vessels (Bedloo, Boivin). Velpeau doubted whether the vesicles had ever possessed vessels. Giesse and Meckel, placed their origin in the central cellular tissue of the villi, and considered the degeneration as an œdema of the cotyledons; while on the other hand, H.

Muller locates their origin in the exochorion, Mettenheimer again determined their seat, as Meckel and Giesse, in the cells of the endochorion by whose change cysts originated and Virchow likewise, but he does not regard the degeneration as properly cystic, but compares it to the parenchyma of many fruits, as the grape for instance. He, Virchow, believes also that the enlargement of the villi occurs *outside the cells*, which may either persist or perish by fatty degeneration. The tissue is besides identical with that of the umbilical cord. Vessels were only demonstrated in the principal branches of the tumor—the connection of the mole with the uterus is effected by a decidua, and it is sometimes so firm, that the tumor, as in the case of Lossius, remained several years in the uterus, and in that of Giffard occupied a year in the discharge of vesicles. In the two cases of Volkmann, Jarotz and Waldeyer, a cross-section of the uterine tissue revealed vesicles singly and in groups in its lacunæ-like depressions and the inner surface of the uterus after their removal, presented the trabecular appearance of the heart's interior. These lacunæ (venous ectases) penetrate in many places nearly to the peritoneum, the villous masses of the mole extended themselves everywhere into their openings, the degenerated villousities having forced their way by the otherwise normal passages of communication, into the spaces for the vessels in the uterine parenchyma, exuberated into this and thinned it (?). By this agglomeration the firm union of the mole and the uterus is caused. Virchow found the uterine mucosa (decidua) markedly inflammatorily thickened. Hecker also found it hypertrophic, but in places secondarily atrophied by the exuberant villousities. Martin speaks against the thickening of the decidua. Hegar found it sometimes thickened, sometimes thinned. The author very properly calls attention to the fact that in the judgment of this condition it was important in denoting the thickness and other qualities of the membrane, to pay regard also to the month of gestation, and to know what part of the mucosa was under examination. It is easily conceivable that a mucous membrane originally hypertrophic, may undergo a very rapid retrograde metamorphosis.

Symptomatology.—Sometimes the course of the vesicular mole is represented as a perfectly normal one, or again the consensual symptoms of pregnancy are only considerably increased, but generally pathological disturbances occur. The most essential of these is hemorrhage, varying extremely in frequency and quantity.

The statistics of 18 cases yield certainly this fact: that the beginning of the hemorrhage coincides relatively seldom with that of labor as in other abortions, on the other hand, sometimes a mole may be carried very long (for 14 months), without exciting hemorrhage. Leucorrhœal discharges (Hegar) or profuse serous evacuations, have besides been observed. Not rarely a remarkable disturbance of the general condition, fever, anasarca, œdema, associate with the difficulties of pregnancy. The second chief symptom is the unusual manner of uterine enlargement which either occurs uncommonly rapidly or remains below the normal (Boivin), thus always failing to coincide with the proper stage of gestation. *The birth of the vesicular mole* occurs in very different periods of pregnancy. In 46 cases it ranged between the middle of the second and the fourteenth month; oftenest, however, between the third and eighth. The act of delivery is also various, seldom very easy (Hegar), in general, however, after the third month, less favorable, particularly very slow (Hegar and Boivin), and labor is not always crowned by a complete evacuation of the uterine cavity. So observations exist wherein for a long time after the delivery of a fœtus, particles of placenta in the state of vesicular degeneration followed, or wherein a mole was first born and after some time a fœtus followed (twin pregnancy).

Termination.—Sometimes a normal puerperal bed, often an evacuation of remains with a bloody lochia of long duration. Endometritis, imperfect involution, and frequently recurring hemorrhages, probably in consequence of retention of vesicles. Fatal terminations, therefore, were often observed from inflammatory processes, puerperal fever, and copious hemorrhages, which are seen in no other anomaly of the ovum, so excessive as in this, except in placenta previa, during pregnancy, parturition and the puerperal bed.

Ætiology.—According to a table of 28 cases, *an advanced period of life* seems to dispose to the formation of moles, the number of pregnancies not exercising much influence. The question whether the degeneration originates in the maternal organism, or whether primary anomalies of the ovum, especially of the fetal parts of the same, to the exclusion thus of the decidua, has divided all authors into two parts, one affirming that the death or expulsion of the fœtus leads to the formation of a mole in the retained afterbirth (Aristotle, Ruysch, Burns, Mickschick, Scanzoni, Grailly, and Hewitt). Morgagni first spoke against Ruysch; later H. Mul-

ler decided with him. Meckel formed a new theory, regarding the uterine mucous membrane as the cause of the mole formation. He seeks its cause in the abnormal formation of the decidua, which he considers still to be without vessels. The most modern theory of Virchow, regards likewise the maternal organism as the point of departure: he considers the process an *irritative* one. Hegar considers the final decision as yet impossible, but considers himself justified in accepting the view that simple œdema of the villi can furnish a vesicular appearance. The contents of the vesicles in different cases is decidedly different. It is also possible that disturbances of circulation, or death of the fruit, or alterations of the maternal blood, *e. g.*, syphilis, etc., are causes with most complicated effects, which induces Hegar to affirm that different cases admit different significations. The author resumes finally himself. A. *For the origin of maternal organism*, speak 1, the successive occurrence of these moles in *one* person: 2, demonstrable affections of the sexual organs before pregnancy (Boivin, Hegar): 3, other demonstrable affections or convalescent conditions of the pregnant: 4, its frequent occurrence, particularly among women who have reached the age of forty: 5, the occurrence of partial degeneration even in living fruits: 6, the demonstration of an affection of the uterine mucous membrane (Hohl).

B. *For the origin in fetal organism* speak: 1, absence of former general or local disease of the mother: 2, former normal pregnancies and at term: 3, the unusually frequent defects or the perfect atrophy of the fruit: 4, the occurrence of similar enlargements in the umbilical cord with or without concomitant mole: 5, the affection of one of the ova of twins, and the escape of the other (Martin): 6, the occurrence of a decidua or some parts thereof not thickened, and to all appearance, normal.

Diagnosis.—Aside from the disturbances of general condition, which are, perhaps, more marked than usual, *the irregular enlargement of the uterus*, or sometimes, *a long delay at a certain grade of development*, with *absence of fetal parts, heart, sounds, etc.*, at a time when these should be recognized, and the irregular hemorrhages, are points particularly essential to diagnosis. Very seldom are individual vesicles or conglomerates discharged. Deceptions might occur from thick or œdematous abdominal parietes, hy-dramnios, or if the cervix be sufficiently dilated, placenta previa.

Prognosis is not absolutely unfavorable. It is dependent on the general condition, the degree and duration of the hemorrhages, the size of the mole, the condition of the uterus, and particularly the firmness of attachment.

Therapy.—The prophylaxis would avoid a pregnancy in a diseased or enfeebled subject, most particularly in diseased sexual organs, or in cases of previous abortions with or without moles. *The treatment* is expectant and tonic. In *moderate* hemorrhages the horizontal position, cold applications to the abdomen, small doses of opium. In *dangerous* hemorrhages ice-cold injections, internally secale and ergot, a well applied tampon, or a properly adjusted sponge tent in the cervix. The mole needs only to be removed in case of danger, this may be accomplished manually, or with the polypus forceps. Should this be impossible, astringent injections, (iron) into the cavity are recommended, and the tampon saturated with the astringent solution to be reapplied.

The after treatment to be directed to the anæmia and the local consequences, particularly endometritis.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT.

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On Recent Matters in Gynecology.

Dr. C. D. Palmer reported the following paper.

A most remarkable case of amenorrhœa is reported in the *Obstetrical Journal* for May, 1869, occurring in an apparently healthy woman, who, although thirty-one years of age, had not menstruated until after the weaning of her last child, and had not had any lochial flow, although she had passed through six normal labors in a married life of eleven years.

The possibility of the uterine sound being accidentally passed along the fallopian tube into the peritoneal cavity, and its presence felt through the abdominal walls, admits of considerable plausibility, from reported cases by Duncan and others.

Dr. Duncan has established the fact, that the cervix uteri undergoes a considerable degree of elongation from parturition.

Chlorate of Potassa still maintains its good reputation as a preventive of abortion. It is best adapted to cases of threatened abortion, depending upon disease of the placenta. Its use should be long continued, in doses of x-xx grs., three times per day. The experiments of Davy and others proved, that when an alkaline salt was brought in contact with the blood, an arterial appearance resulted. This led Simpson to make use of this agent. The bromide of potassium is thought by some to have a good effect in the same manner. It is believed that the results obtained arise, in part, from the fact that syphilis in children is sometimes cured by the administration of these agents.

The uses of *laminaria digitata* and sponge, as tents, will never, perhaps, supersede each other. The former, on account of small size, is often essential to prepare the way for the operation of hysterotomy, besides, with it, any amount of dilatation necessary, exceeding even that from the sponge, can be effected, by the union of several pieces into a bundle tied at its lower and upper extremities. But, for the ordinary uses of tents, the sponge prepared with disinfectants, on account of producing less pain in expansion, and comparative ease of retention, is preferable.

Dr. Meadows, of London, recommends that vaginal suppositories be made of neutral soap and pulverized althæa root, in place of cocoa butter. He uses three parts of the former to one of the latter, and regards the materials as cleaner, more emollient, and facilitating the absorption of whatever is incorporated with them, while the vagina feebly absorbs greasy articles. The medicinal agents used, and the diseases for which they are specially adapted need scarcely be mentioned, as suppositories have of late years come into quite general use.

Ergot is a remedy which has met with but very little use in medicine, except in obstetric practice. This is to be explained in part, from the fact that scarce any physiological experimentation has been made with the drug. Brown-Sequard says that "ergot is a special stimulant of the unstriped, involuntary muscular fibres, wherever found." He observed that the vessels of the pia mater contracted under its influence. Its power over the capillaries in all parts of the body—over the heart, stomach, intestines, bladder, and uterus—is marked. It is a mistake to suppose it has

no influence over the unimpregnated uterus. This physiological fact becomes, in practice, of great therapeutic value. Dr. Meadows, in a recent number of the *Practitioner*, speaks of its remedial power in certain uterine affections as most valuable. In subinvolution, chronic subacute metritis, with hypertrophy, diseases of malnutrition, in all these being an increased vascularity of the organ, though mostly of a passive or congestive kind, liable to excessive discharges of mucus or blood, and characterized by increased bulk of tissue. In these, ergot acts beneficially, by lessening vascularity, by diminishing the caliber of the vessels, and inducing a state of tonic contraction of the uterus itself; improving the nutrition of the organ, and imparting a firmer and healthier tone. Amenorrhœa, leucorrhœa, and menorrhagia, dependent upon uterine atony, call for the administration of ergot.

The reaction against the operation of hysterotomy of late is still more marked. There can be no question that some of the advantages of the operation have been greatly overrated. That the operation has been performed much too frequently without regard to the proper selection of cases; that cures have been reported when only temporary palliation was the result, seems to be the verdict of most in the profession who have carefully watched this subject. Routh, of the London Obstetrical Society, makes some good practical remarks concerning hysterotomy. He divides the operation into major and minor, the former being division through the os internum; the latter through the externum. It is often necessary to dilate before incising, especially if there is much constriction. Too much dilatation should not be attempted at one time (for days) for fear of some form of "itis." He objects to the use of the scissors, employed by others, because permanent interference with the circulation must result, from cutting the cervix through and through. He recommends his own hysterotome, which makes a bilateral incision. After which, a piece of muslin, soaked in a weak solution of carbolic acid, is introduced into the wound, and daily removed. The patient is directed to remain in bed one week, until the parts are healed; then a bougie is passed daily or bi-daily, for a period of two weeks, to prevent contraction. He selects, as the best time, that following the menses, and never performs the operation in his office. The objects the operation bears in view are—the relief of obstruction, dysmenorrhœa, sterility, and

flexions. In selecting cases, special attention must be had to avoid anæmic, broken-down, rheumatic, or gouty subjects.

Scarification for inflammatory affections of the os, and intra-vaginal portions of the cervix, has been long recommended and frequently practiced by the best gynecologists, on the same principle that local deflection is resorted to for other inflammatory diseases; but it is to H. R. Storer, of Boston, that we are indebted for prominently bringing before the profession the utility of intra-uterine scarification, for chronic endometritis and metritis. Dr. Miller, of Dorchester, Mass., first made use of intra-uterine scarification with an instrument of his own invention, as far back as 1863, which has been improved upon by Dr. Storer, and still more recently by Dr. Pinkham, of Lynn, Mass.

The subject of *intra-uterine injections* has met with very many animated discussions in this country and Europe; the verdict of the profession at the present time is against their use. Still, the amount of benefit to be derived from their proper administration in chronic endometritis with uterine catarrh is so much greater than by any other possible means of local application, by unfolding a greater extent of the diseased surface, that it is well to bear in mind the necessary precautions which should unavoidably be taken. 1. Secure full dilatation of the uterine canal, permitting the escape of the injected fluid; to this end use sponge, lamina-ria, or has been suggested by Dr. Kammerer, of New York, the dilators of metal. 2. Let the uterine cavity be cleansed of all secretion by injections with warm water or wiping it out with cotton wrapped on a probe. 3. Let the temperature of the injected fluid be about that of the body. 4. The quantity of the fluid (caustic) should not exceed a half drachm; much less will frequently suffice. 5. The fluid should be injected slowly and gently, drop by drop.

In the June number of the *Edinburgh Medical Journal*, Dr. Duncan speaks of "Inguinal Site of Parametritis Phlegmon and Abscess," an affliction far from uncommon, and whose situation is far from being definitely defined and described. It does not resemble either of the above named affections, but it is essentially an inflammation of the cellular tissue along the inguinal canal, leading sometimes to abscess, with no immobility of the uterus, no roughness or hardness within the pelvic cul-de-sacs; but hardness, swelling and tenderness along the inguinal seat, following delivery

—to be treated by blistering, poulticing and the knife when suppurating.

Dr. G. H. Kidd has an article in the February number, this year, of the *Dublin Quarterly*, on surgical treatment of polypoid and frioid (intra-uterine) tumors. Patient being under chloroform; after having dilated the uterus with sea-tangle tents, six or eight in number, placed side by side, the length of the cavity, to the extent desired; the uterus is dragged down near the vulva, with a vulsellum forceps, and the ecraseur applied.

In the treatment of *inversion of the uterus*, a good rule in recent cases is, to attempt the reduction of the part *first* which has inverted *first*; but in chronic cases, as recommended by Dubois and others, return *first* the part inverted *last*. In the former class of cases, the os is sufficiently large for the whole organ to pass through, but in the latter, it must be enlarged by the fingers at the roof of the vagina. Dr. Barnes makes three longitudinal incisions into the os, so as to relax the circular fibres, and then applies taxis. Cases are now and then reported, showing that pressure, employed steadily and for a long time, is successful in reduction, when various other means fail; as, for instance, the case reported in the last number of the *Obstetrical Journal*, where the caoutchouc tampon, retained in the vagina some fourteen days, and kept continually distended to the utmost with water, succeeded, after seven failures to replace the uterus, both with hands and various instruments.

Anteflexion, says Dr. Jacobi, of New York, is congenital in a majority of cases; less than thirty per cent. present any symptoms, and is normal to early life, being always present. The changes in the adult position is effected, not by changes in the organ itself, but by changes in the neighborhood. In the infant, if the bladder is empty, the uterus is anteflexed; if full, it is straight. In an adult, after the organs have grown, the uterus is kept up.

Retroflexion, never congenital, is always the result of diseases, such as tumors and adhesions, mechanically dragging the fundus out of position—or it is dependent upon uterine atony, the result of inflammatory action.

The operation of *ovariocentesis vaginalis*, says Dr. Noeggerath, of New York, is applicable to certain cases of ovarian tumors, especially large, simple cysts, which can be reached per vaginam,

behind the uterus. Adhesions when strong and extensive afford some contra-indications; still it is known that they often undergo atropic degeneration when their source of nutrition is cut off. It is known that the presence of adhesions between the cyst and the structures within the pelvis are strong objections to the operation of ovariectomy. Such, however, are favorable to this operation. Walls thick and hard afford no special barrier, since they can be cut layer by layer with the knife; even if the tumor is of the colloid form, it has met with success. When compound, secondary and tertiary cysts exist, subsequent operations are required, dependent upon the relative location of the tumors. The operation as described by Dr. Noeggerath, in the *Obstetrical Journal* for May, consists in first dividing the vaginal wall behind the uterus, which is steadied and pushed toward the pubis with the sound, introducing trocar into the tumor, drawing off its contents, pulling down with a hook the edges of cyst and uniting them with silver wire sutures to the edges of the vagina—maintaining a prominent opening—injecting a solution of carbolic acid until sac is obliterated. Favorable statistics of thirty-four successful cases in fifty-five operations are reported from various sources.

Ter-chloride of carbon in solution, makes a valuable local application to malignant diseases of the uterus. Acting as a decided local anæsthetic, it subdues pain, suspends hemorrhage, and removes fever.

DISCUSSION.

Dr. Comegys was of opinion that intra-uterine injections were apt to cause trouble. He had tried them in a case in which there was a soft flabby condition of the os intra, with an abundant secretion. He used bismuth and glycerine on account of the mildness of these two articles; but the injection was followed by the most intense suffering, so as to require the administration of chloroform by inhalation.

He had found sponge tents better than the sea tangle in constriction of the os. In one case treated by him pregnancy followed the use of the tent.

Dr. Comegys also related a very singular case of ovarian disease which had come under his observation some years ago. He was called to see the patient, a maiden lady, and after a cursory examination, supposed she had retention of urine, there being a tumor in the hypogastric region. He introduced a catheter, but

failed to bring away any urine. He then made a more careful examination and came to the conclusion that there was a fibrous tumor of the uterus, all the signs indicating such a condition.

Several surgeons saw the patient and agreed with him in the diagnosis of uterine tumor. The patient then consulted Dr. Bradford, of Kentucky, who pronounced it ovarian, and punctured the tumor with a fine trocar. A thin fluid passed out through the canula, and thus the diagnosis of Dr. Bradford was confirmed. He subsequently proceeded to operate for the removal of the growth, but upon opening the abdomen he found it so adherent to surrounding organs and especially the uterus, which was imbedded in it that he was compelled to give up the operation without proceeding further. The patient died soon afterward.

Dr. Buckner said that it was singular that the cavity of the uterus admitted the introduction of various solutions on tents without injury, but exhibited so much irritability upon the injection of fluids. He had frequently used injections without injury, but with benefit. The patient is always placed in the semi-recumbent position and the injection made very slowly. He thought that the unfavorable symptoms were nervous. He employed from $\mathfrak{z}\text{i}$. to $\mathfrak{z}\text{ij}$. of a solution of nitrate of silver of the strength of from gr. $\frac{3}{4}$ to gr. iv. to the ounce.

Dr. W. B. Davis mentioned a case of uterine hemorrhage in which injections had been freely used. The patient after riding over a very rough road, aborted, being at that time in the fourth month of utero-gestation. In a day or two hemorrhage set in and continued at short intervals during several weeks, when he was called in to see her. The patient was then very anæmic, and while examining her there was a gush of blood from the uterus of eight or ten ounces. He plugged the vagina and stopped the hemorrhage for the time. The os was then dilated with tents but nothing discovered. Various styptic injections were thrown into the cavity with temporary benefit, but the bleeding always resumed, Monsel's solution was used among others. Dr. Mendenhall was called in consultation and at his recommendation $\mathfrak{z}\text{ss}$ tinct. iodine was injected; arrest of the bleeding for a short time followed. The injection of tinct. iodine was repeated several times upon the recurrence of the flow, so that in all about $\mathfrak{z}\text{i}$ was used. When called upon one occasion when the hemorrhage was very profuse, he introduced a sponge saturated with Monsel's solution. This

checked the flow at once. Some time afterward in removing the sponge he found the os widely dilated, the sponge having expanded the upper portion of the vagina, and, as a consequence, the cervix-uteri. Upon examination a foreign body, probably a bit of the placenta, was detected in the cavity. This was removed and no return of the bleeding ensued. Dr. Davis stated that he mentioned this case to show that the cavity of the uterus might submit with impunity to such irritating injections as tinct. iodine and Monsel's solution. There was no suffering occasioned by either injection.

Dr. Schmidt had met with a somewhat similar case in one respect. The hemorrhage had continued four months, being caused by a tumor attached to the cervix. This he removed with entire relief of all symptoms. The bleeding did not recur.

Dr. Comegys stated that he had used solution of per-sulph. iron in cases of postpartum hemorrhage without any injury. He thought that the state of the uterus at the time the injection was administered had much to do with the result.

Dr. Muscroft had had a case of leucorrhœa, in which he had used a solution of iodine and iodide of potassium in water (a very weak Lugol's solution,) and although the quantity injected was small, the patient experienced at once very distressing nausea. The discharge, however, being diminished he was induced to try it again with a repetition of all the unfavorable symptoms, and the patient objected to any further trial.

Dr. Palmer was of opinion that a great deal remained to be learned on this subject. The parturient uterus was not sensitive to injections, but the nongravid uterus was so, notwithstanding all care as to position and injection. He alluded to a case in which he had used an intra-uterine injection, the result of which was collapse and distressing nausea. In this case scarification and dilation had been previously employed without injurious effects. He regarded intra-uterine injections as a very uncertain practice.

Dr. Seeley reported the following cases, in anticipation of his report on Otology:

It might seem like time poorly spent to consider any points in regard to the ordinary secretion of the external auditory canal, still I feel assured that in the two cases I have to present there will be points of interest to all; quite sufficient to justify me, prob-

ably, in asking your attention for the few moments that will be required for their enumeration and consideration.

From earliest time till recent an importance more or less weighty has been attached to the secretion of the external auditory canal. I think we may say that importance has varied all the way from supremum to nihilosus; all the way from Thomas Buchanan's (the Scotchman) regard to that of the modern school. Mr. Buchanan (who wrote several books in which he calls especial attention to the great significance of the cerumen), in his regard for the significance of the cerumen, might be classed with Janz, in his regard for the significance in the form of auricle physiognomically considered. Janz says, "Show me your ear, and I'll tell you who you are, where you came from, and whither you are going."

As is well known, the external auditory canal has a cutaneous covering continuous with and in all respects like the common integument of the body. It was probably the ignorance of this fact, or an ignoring of it, that led to the undue stress put upon the secretion of this canal. When we once bring ourselves to give a proper regard to the identity of the skin of the auditory canal with that of the general integument, it will require no great stretch of fancy to see that the secretions of the two should commonly be regarded as identical, I say commonly, for just as the fluid that lubricates the eye-ball and eyelid is by no means secreted entirely by the lachrymal gland, but by the mucous membrane and meibomian glands also, so the cerumen is a mixed secretion from the proper cerumenous gland and the other secretory parts of the skin; and the so-called ear-wax is made up of cerumen proper, sebaceous matter, little dead hairs, and scales of epidermis. This special integument, then, and the general, having such an anatomical identity, it would be reasonable to suppose that the secreting powers of the two will have a close relation, and such seems now to be regarded an accepted fact. At the present day little regard is paid to the absence or presence of cerumen, or its greater or less abundance.

It is well known that previous to the discovery of the ophthalmoscope, every thing beyond the iris that caused blindness was put upon the nerve, till the present improved means of effecting an examination and making out a diagnosis. Of necessity the secretion and the nerve must be at the foundation of deafness. So then, so far as any relation of the secretion, absence or superabundance,

goes as a cause of deafness, or so far as it is an index of any inflammatory cause, its value or importance is to be ignored.

In one point of view, however, it is a matter of the highest moment. I mean in a mechanical one. Were any one to find in the external canal a tumor of any description, osseous, fibrous, or mucous, he would undoubtedly regard it a matter worthy of his deepest attention.

I have two cases to present in description to-night, to illustrate how this, so in itself unimportant secretion, may become a matter of deep and even of the most serious import.

Mr. B. presented himself at my office a few days since for a trouble in the ear. For five or six years he had a ringing and thumping noise in one ear, the right; and recently he began to have them in the other, the left. Shortly after the tinnitus began in the left, he experienced attacks of dizziness, and now and then a sharp piercing pain and constant disagreeable heaviness in the head, apparently, as he described it, passing from one ear to the other, and amounting almost to a pain. These symptoms, and the increasing deafness, led him to have a consultation.

An examination showed the hearing on both sides to be impaired, the watch not being heard at all on the right auricle, though quickly on the bones of the head; on the left, four inches from auricle, and on the bones. The tuning fork, on center of cranial ridge, indicated both nerves to be healthy, and also the middle ears.

After softening the collection in the left ear, it was readily removed by syringing, and inspection showed the membrana tympani to be normal in color and position, and testing by the voice and watch showed the hearing power to be normal. The accumulation in the right ear was removed with difficulty, inasmuch as all touching with forceps and all attempts at syringing produced dizziness and pain, deep in the ear. So it was not till after two or three days, during which the ear had been many times filled with warm water, could a perfect removal be effected. After the meatus was freed, an examination showed the membrana tympani to be somewhat thickened, dull, and drawn in, light spots and hazy. And while the watch was heard at three feet, and the voice quite well, still it sounded muffled, affording a marked contrast with the other ear.

The abnormal concavity of the membrana tympana was an indi-

cation for the inflation of the drum by means of the catheter. After which the membrane assumed a better position, and the hearing distance increased to five feet.

The inflations were repeated to the fifth sitting, in as many days, at the end of which the membrane had improved very much in its appearance, assuming a more normal color, the light spot becoming more brilliant, and the hearing about normal. Watch, ten feet.

The second case I beg to present is one of vastly greater importance. A lady of sixty-five, presented herself at my office, a week ago, for, as she said, "to have her ear examined." Her story was brief, for she has had her mind "so deeply employed on," to use her own words, "the great truth of the day, which the world is trying to keep back, but which is certain to advance till it dispels with its genial warmth all the chill that greeted it at its early dawn," (the spiritualistic ring of this, will probably be perceived by all), that she paid little regard to the noises in her ear, though she confessed they had been there for a great many years. Of late there was something more than tinnitus—a very disagreeable feeling, not only in her ear but in all that side of her head—that, she said, rendered her quite miserable. On examination, I found she was unable to hear the watch at all, on either side, either against the auricle, or on the bones. In the right, the hearing for the voice was still quite good; so she protested it was perfect. The membrana tympani was opaque and very concave, drawn in against the promontory, indicating a chronic inflammation of the cavity of middle ear and closure of the Eustachian tube. In the left, I found the meatus filled to within a short distance of the entrance, with impacted cerumen. As a preparation for syringing, I began to remove the wax, as far as possible, with a pair of small forceps. Before penetrating far, I felt something hard between the blades of the forceps, and on examining it I found it to be a small piece of bone. The entire removal required a good deal of patience and care, as the ear became very sensitive. During the removal, several small pieces of bone were found, and on examination with a probe, showed there had been absorption of the covering of the bony canal at its beginning, upward and outward, and corresponding necrosis. The patient said she remembered, now and then, on putting her finger in the ear, to have felt hard particles; so she probably had come in contact with similar small pieces of bone.

GENERAL REMARKS—I need not dwell on the importance of these two cases, but perhaps a few general remarks may not be out of place. Of course, such cases present no difficulties in the way of diagnosis; for an examination by means of the speculum would at once, to the most inexperienced eye, show what the difficulty was; and, of course, the only thought could be about the removal. As you have seen in these cases, the removal is no swift matter; were it so, as is usually the case, it would need no special mention. I always think it a very good plan, when the plug seems hard, to remove the surface with the forceps; then begin syringing with warm water, or as hot as the patient can stand, beginning gently and increasing the force of the stream till it can be decidedly felt. It is not wise to continue the sitting too long, especially if the patient becomes dizzy, as is often the case, or complains at all of pain. It is better to stop; advise the use of warm water several times in the ear, during the day, and glycerine during the night, and then continuing the syringing the next day, when probably the collection will come away readily. It is always advisable for one's own reputation, that the hearing power be tested before the attempt at removal begins, and before any prognosis is made; for, of course, if there is any existing middle ear trouble, the hearing may be improved, but not made perfect; or possibly the effect may be nil. I will speak more in full of the methods of treating the hearing power, in the future. Again, I would have you bear in mind that such a condition of the parts, as was presented in the first case reported, viz: the abnormal concavity of the membrana tympani, and consequent impairment of the hearing, and its relief by the inflation, I feel that too little attention has been paid to this point, for though the concavity of the membrane was entirely the result of the pressure from the plug of cerumen, the membrane could not return to its proper position from partial ankylosis of one or more of the joints of the little bones. So the cavity of the drum being narrowed, or entirely obliterated, there must remain a corresponding dullness of hearing. That the plug of cerumen was the cause of the abnormal concavity of the membrane in my first case, was demonstrated by the fact that the Eustachian tube was perfectly open; the sounds were normal, and the position and hearing both almost perfectly returned by the inflation. Again, that a plug of cerumen can cause such a pressure, is shown by the fact that a perforation of the membrane has been so caused, and also an ulceration of

that of the periosteum and necrosis of the bony walls of the external canal, as has been seen in the second case I have presented. Such results as have here been presented, will not seem so strange if we will regard such collections as veritable tumors that slowly but surely increase, and increase in importance with time, and to do the work of a true tumor need only time and non-interference. Both the dizziness and noises, in my first case, could readily be accounted for by the direct pressure upon the nerve, communicated through the little chain of bones to the fluid in the labyrinth.

Editor's Table.

OPENING OF THE SCHOOLS.—Our exchanges note the beginning of another winter's campaign of medical teaching throughout the country. We are scarcely permitted to hope that as yet there is to be any very marked improvement in the kind of teaching. There is undoubtedly an advance; a larger proportion of medical teachers are enthused with zeal for teaching's sake, and a pride in the continuous elevation of the profession: so we are, in many of the schools of the land, having more complete appointments and accessory means of illustration—more reference to permanency in plans of organization and plans of requirement—a better system of utilizing clinical material. Still, we find a great many schools anxious for classes, and willing to grant an indefinite extent of favoritism to secure full benches and large graduating classes. So, too, we have students *seeking these favors*, rather than earnest in seeking for all the best and completest advantages for their professional training. It is come to be well understood that in certain schools "graduation is easy;" and a very large number of preceptors positively advise their students to elect such schools. The argument with such men is, that fees are moderate; requirements moderate; sure to get through; and one diploma for the mass is quite as good as another!

The *Miami Medical College* opened its present course on Tuesday evening, October 5, with an introductory by Prof. Sidney A.

Norton. His topic had relation to his chair, and was almost entirely a pure scientific lecture. After the usual greeting to the new candidates for medical toil and reward, he proceeded to give a lecture on Weights and Measures, expanding and illustrating its popular and scientific importance in a variety of manners. In conclusion, he exhorted the class to strive for the true standard and measure of perfect men, taking for their model the most perfect standard who had ever lived on the earth. We are pleased to know that the lecture will soon appear in pamphlet form. The class at the opening of the term is about the same numerically as last session.

The *Medical College of Ohio* inaugurated the winter session with an appropriate lecture from Prof. W. W. Seely, on Monday evening, October 4.

The *Cincinnati College* opened Wednesday, October 6, with an introductory by Prof. D. A. Young. We did not have the pleasure of hearing either of these introductions, but they are spoken of as giving eminent satisfaction. As at the Miami, we also learn the other schools have about their accustomed classes.

NAVY MEDICAL DISCIPLINE.—The telegrams and notices in the secular papers have sufficiently advised the general and professional public of the case of Dr. C. L. Green. The case is briefly this: Dr. Green is, or was, medical officer of the U. S. steamer *Nipsic*; a seaman on the sick list was still deemed by Surgeon Green as unfit for duty; his superior officer of the line ordered the man on duty, or rather directed Surgeon Green to place the man on duty; Surgeon Green dissented; thus placing his supposed professional judgment in antagonism to the will of his superior of the line. For this he is courtmartialled and sentenced. No matter how light or severe the punishment, the point is, this sad state of jealousy and misposition well understood to exist in the relations between the *medical* and *line* officers of the American navy; a relation which does not exist in the army, and which few will fail to appreciate as absurd. We hope medical men all over the country will co-operate in every influence which can be brought to bear upon Congress to enter upon a radical reform in this state of things; a state of things leaving a way open for every sort of inhuman barbarity the officers of the line may choose in their ignorance or willfulness to inflict.

TRANSACTIONS OF THE MEDICAL SOCIETY OF PENNSYLVANIA, 1869.

—The annual meeting for this year was held at Erie, June, 9, 10, 11. The volume of transactions is voluminous, and contains a large number of reports from the county societies, as well as several papers of special interest. Among the special papers, we call attention especially to the report of the committee on Intemperance as a Disease; it is signed by Dr. Joseph Parrish, by whom we presume the paper is prepared. His position for some years as superintendent of the institution at Media, enables him very intelligently to write upon the subject. The point of the report turns upon the idea that inebriates are in a state of disease first, and although not insane in the proper sense, yet are subjects of treatment, and largely impotent of themselves for self control and restraint; therefore the propriety of suitable and peculiar institutions. The retiring address of Dr. Curwen is able. W. M. Wallace, of Erie county, is elected president for the next year.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY, 1869.

—The annual meeting of the Illinois State Society was held at Chicago, May 18, 19, 20, ult., and the published volume of transactions contains several reports of value and much interesting matter of a general character. We have only space to recapitulate: Report on Obstetrics, by Dr. Buck, gives a variety of personal experience of the reporter, which is interesting, as well as similar contributions from other members of the society; Drugs and Medicines, N. S. Davis; Insanity, Dr. R. J. Patterson; Staphyloraphy, Moses Gunn; Practical Medicine, E. P. Cook; Cataract, J. S. Hildreth; Lenient Medication, E. Ingals; Aphasia, H. M. Hurd; Statistical Report on Diseases and Operations of the Eye, E. L. Holmes; Obituary Notices. Prof. J. V. Z. Blaney, of Chicago, is elected president for the ensuing year.

RANKING'S ABSTRACT.—The present American reprint of this publication affords subscribers a cheap opportunity of securing this medical journal;—the *American Journal* (quarterly), its monthly supplement, and the *Abstract*, for \$6 a year. Address H. C. Lea, Philadelphia.

IODIDE OF POTASH AS AN ANTI-PERIODIC.—In cases where quinine has failed, the iodide of potash has been given with success. It may be given in five grain doses in a bitter infusion.

HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE.—Part IV of this valuable addition to periodical medicine came to hand too late for acknowledgment in the last number of this journal. A large number of our readers are already familiar with the *Compendium*, and we doubt not the number will steadily increase. We are very glad, however, to notice the great labor and completeness put upon this work, and, as most of us will appreciate, the care that is taken to give due credit to American contributions. Price, \$3 a year; single numbers, \$2 each; or *Lancet and Observer and Compendium* for \$5. Address Dr. S. W. Butler, Philadelphia.

MODERN THERAPEUTICS.—On or about the 1st of December prox., Dr. Butler, of Philadelphia, will publish Dr. Naphey's new volume of therapeutical formula. Many of these have been given in the current numbers of the *Reporter*; some very valuable and new—some neither novel or important; but the whole will make a volume of three hundred pages, and doubtless prove of interest to the profession. It will be sold for \$2.25.

Notices and Acknowledgments.

FOR SALE.—An order for a first-class patent leg. *A bargain.*

WANTED!—July, 1864, of *American Journal Medical Sciences*. Also, XXVIII and XXXVII of *Braithwaite's Retrospect*, inclusive. Address this office.

SEVERAL DESIRABLE LOCATIONS for physicians are for sale. In regard to some of these, we are prepared to give some very advantageous information to those interested. Some of these locations appear in the advertising department of this number; and, in a general way, our readers will find it to their advantage to note the changes in our advertising department.

HAZARD & CASWELL.—The card of this old and reliable house has been misplaced by inadvertence. Our readers will find it the present month in the advertising department, and will do well to try their preparations.

OUR LITERARY EXCHANGES.—We continue in receipt regularly and promptly of the best American literary periodicals. We name some of the most prominent:

Harper's Monthly Magazine closes its volume and year with the present November number, hence this is the time to renew subscriptions for this well-known and popular monthly. The *Magazine*, the *Weekly*, and the *Bazar*, are each furnished for \$4 a year. We order either of these, in connection with the *Lancet and Observer*, for \$6.50 for the two.

Fields, Osgood & Co., of Boston, keep us under continued obligations by placing on our table regularly *Atlantic*, *Our Young Folks*, and *Every Saturday*. The price of these are severally \$4, \$2, and ten cents a number. It is scarcely necessary to remark on the continued and well-sustained excellence of these serials.

Godey's Lady's Book enters on its fortieth year with 1870. It is the ladies' favorite. Price only \$3 a year, or \$5.50 for *Lancet and Observer* and *Godey*.

Oliver Optic's Magazine is probably the most capital weekly paper in this country for "boys and girls." Price \$2.50 a year, or \$5 for *Lancet and Observer* and *Oliver Optic*.

Reviews and Notices.

Circular No. 2, S. G. O., Jan. 1, 1869.

This circular of 141 quarto pages, though nominally "a report on excision of the head of the femur for gunshot injuries," is really a treatise on the treatment of gunshot wounds of the hip-joint and its neighborhood; embracing an historical review of the operation of excision; a comparison of the relative merits of that

operation, amputation at the joint, and temporization in the treatment of such injuries; and the author's conclusions on the subject. It contains abstracts of the histories of nearly three hundred and seventy cases, is, doubtless, quite exhaustive of the subject, and a most valuable addition to surgical literature. This able and valuable report is from the pen of Dr. Geo. A. Otis, of the army, already well known by his report in Circular No. 6, of 1865, and that on Amputations of the Hip-joint, or Circular No. 7, of 1867. We earnestly hope the Surgeon-General will continue to make known to the world the results of the vast experience afforded by the late war; and that upon other subjects, besides the important ones of amputation and excision at the hip, the profession may be enlightened from the great stores of information at his command.

The author of the report before us takes the opportunity, in contrasting excision with amputation at the hip-joints, to revise the statistics of the latter operation, which he published in Circular No. 7. The following table, it is presumed, includes all cases of the operation published, or recorded in the Surgeon-General's office, up to the date of this report. We reproduce it, and those following, in view of their completeness, and the important subjects they relate to.

The figures representing the cases of the American war include both those that occurred in the Southern as well as in the United States armies.

COXO-FEMORAL AMPUTATIONS FOR GUNSHOT INJURIES TO JANUARY 1, 1869.

	No. Cases.	Prima- ry.	Inter- mediate	Second- ary.	Reampu- tation.
In various campaigns.....	115	55	49	10	1
During American war.....	62	24	22	9	7
Later cases.....	6	—	5	1	—
Totals.....	183	79	76	20	8

RESULTS IN 183 AMPUTATIONS.

	No. Cases.	Died.	Recov- ered.	Doubt- ful.	Per cent Deaths.
Primary.....	79	75	1	3	98.68
Intermediate.....	76	70	6	—	92.10
Secondary.....	20	13	7	—	65.
Reamputations.....	8	4	4	—	50.
Totals.....	183	162	18	3	90

EXCISIONS AT THE HIP-JOINT FOR GUNSHOT INJURY.

	No. Cases.	Died.	Recov- ered.	Per cent Deaths.
Primary { Prior to 1861.....	7	6	1	
Primary { During American war.....	32	30	2	
Totals	39	36	3	92.3
Intermediate { Prior to 1861.....	3	3	—	
Intermediate { During American war.....	22	20	2	
Intermediate { Recent cases.....	8	7	1	
Totals	33	30	3	90.9
Secondary { Prior to 1861.....	2	2	—	
Secondary { During American war.....	9	8	1	
Secondary { Recent cases.....	2	1	1	
Totals.....	13	11	2	84.61
Aggregate.....	85	77	8	90.58

By reference to the foregoing tables it will be seen that the mortality in coxo-femoral disarticulations is 90 per cent. ; while in excisions of the head, or head, trochanters, and part of the shaft in some cases, it is even higher, being 90.58. But in the former case the estimate is made with the three cases, reported in the table under the head of doubtful, excluded. To our mind there is no sufficient reason for excluding these cases; for they were reported as well, at intervals of two, three, and six months respectively, after the operations. On the other hand, however, we would exclude from the count the cases of reamputation: for the removal of a stump at any point is altogether a different thing from an original amputation at that point. Counting out then the eight reamputations, but including the three "doubtful" cases as successes, we find the mortality in the remaining number to amount to 90.28 per cent. This we consider a more correct estimate than that given by Dr. Otis, or rather a more correct way of calculating it, though it differs but very slightly from his figures, being a fraction higher. It is still a trifle less than the percentage of deaths after excision. Another fact which seems to be deducible from these figures is, the better prospects for success in secondary operations than in those performed in the earlier periods. For primary amputations at the joint are attended with a mortality of at least 94.9 per cent., against 65 in the secondary

operations; while the death rate is 92.3 in primary, and 84.6 in secondary excisions. These estimates tend to give increased weight to the recommendations of Legouest, that in cases demanding amputation at the hip-joint, the operation had better be postponed until the secondary period, whenever possible. But deductions from such data are very apt to be deceptive, particularly when the statistics embrace only a limited number of cases, as in the present instance. Certain facts and probabilities then, should be borne in mind when contrasting the results attending early and late operations. Thus, it may be reasonably supposed the most desperate cases submitted to amputation, and excision too, are operated on during the primary period—often as a *dernier ressort*, or forlorn hope; while those that reach the secondary period before being subjected to operative interference are such as held out hopes of recovery under conservative management, either by reason of superior constitutional powers or the comparative moderation in degree of the injury. Again, all secondary operations, no doubt, were performed in base hospitals where their subjects enjoyed the great advantages of uninterrupted rest and efficient appliances and means in their after treatment; while many, perhaps most of the primary cases were operated on in field or temporary hospitals, and subjected to early and harrassing transportation, thereby having their chances for recovery very seriously compromised.

In the unsuccessful excisions during the war, the average duration of life after the operation, was: In primary excisions, a little over seven days; in intermediate, twelve and a half days; and in secondary cases, sixteen days. And taking all cases of excision, it is found the average duration of life from the date of the reception of the wound was twenty-three days. In the first category, of 114 fatal cases under expectant treatment, the mean duration of life from the date of wound was thirty-one days. Thus, it appears that in unsuccessful cases of excision the duration of life is shortened. Out of 276 cases treated by the expectant or conservative plan, abstracts of which are given, 227 died, which is in the proportion of 82.2 per cent. This is a terribly high death rate, particularly when it is remembered that this aggregate of 276 cases includes, besides true injuries of the hip-joint, secondary involvement of it in fractures of the neck or trochanter, "alleged examples of injury," secondary traumatic arthritis, etc.

In the category of 122 cases of "gunshot injuries of the hip-joint," "in which the diagnosis is unquestioned," there appear 118 deaths, which is a percentage of 93.4.

Dr. Otis is an enthusiastic advocate of the operation of excision; but we think he has weakened his case by an over-zealous disparagement of the other modes of treatment, in contrasting them with his favorite operation. Before analyzing his own statistics he disposes very summarily of the statements and opinions of Prof. Pirogoff of St. Petersburg, Dr. Demme of Berne, and Dr. S. W. Gross of Philadelphia; all of whom are advocates of conservative measures in the treatment of hip-joint wounds. Demme claims to have had two recoveries from such injuries, without operation, in the Italian-Austrian war; but as Dr. Gritti of Milan could not confirm his statements, Dr. Otis feels warranted in expressing his skepticism. But it is in reviewing his own records that the author of the report shows most clearly how little faith he has in the infallibility of human judgment! For in his "concluding observations," on page 122, he says: "There is scarcely a recorded example of recovery under expectant treatment from a gunshot wound involving the hip-joint, where legitimate doubts of the accuracy of the diagnosis may not be entertained." And, a few lines further on, "With the possible exception of Case 272, there is, perhaps, not an instance in which the evidence of direct injury to the joint is absolutely conclusive." The case excepted is that of General Strong, who received a shot wound of the hip, which was followed in a few days by luxation of the head of the femur on the dorsum ilii, in consequence of the rim of the acetabulum having been broken off. Yet having seen and examined this patient several times himself, Dr. Otis, after commenting upon the case on page 114, makes the declaration: "I continue to share the convictions of Guthrie and the elder authors as to the *uniform fatality* of such injuries when abandoned to the resources of nature." We quite agree with the author of this report in his conclusions regarding excision of the head of the femur in gunshot injuries; for we consider the evidence adduced entirely sufficient to establish the superiority of that over other modes of treatment in such cases. And we have no doubt he is right in regarding many of the reported cases of hip-joint wounds as mistakes in diagnosis; but we can not agree with him in rejecting 48 out of 49 of them, because the evidence is not absolutely conclu-

sive in establishing the fact of injury within the joint itself. For, the diagnosis of a mere fissure extending into the hip-joint from a fracture more directly involving the neck of the bone will always be exceedingly difficult, if not absolutely impossible, when the examination is limited to such as may be made through the ordinary shot wound. And these are the cases, of course, which are most generally treated by conservative measures, and not such as present palpable evidence of injury, as great comminution, extensive laceration of the capsule, etc. Occupying the ground Dr. Otis does, his skepticism is of course perfectly unassailable; and if one-half the world should go to war with the other half, and keep at it to the end of the doctor's life, he might then, in all probability, maintain the same opinions he does now, with the same reason.

The grounds on which we dissent from the opinion of the "uniform fatality of such injuries when abandoned to the resources of nature," are: the evidence afforded by the report itself; the testimony of other respectable authorities; analogy, and certain theoretical reasons, chiefly based on the almost unlimited conservative powers of nature.

Of the 49 recoveries under temporization or expectancy, many were, doubtless, cases in which erroneous diagnosis were made. The reporter admits one of them to have been a case of primary injury to the hip-joint, though reluctantly, and inconsistently, in view of his argument of "uniform fatality." In several others the testimony is as satisfactory as can reasonably be expected in wounds of this deep-seated joint. But strangely enough, the author of the report rejects all eight of the recoveries in the first category, "in which the diagnosis is unquestioned." As before intimated, we do not think Dr. Otis has satisfactorily refuted the opinions of the surgeons he has quoted, who take the other side of the question. The probability of success without operation in a certain proportion of these cases seems to be very much strengthened by the reports of recoveries from gunshot wounds of the knee-joint, which ought to be a much more unfrequent event, in view of the much greater extent and more superficial position of this joint than of the hip. In his report contained in Circular No. 6, Dr. Otis mentions that fifty cases of recovery from gunshot wounds of the knee-joint, without operation, were reported; and says, with "six or eight exceptions" the joint was not implicated

directly; thereby implying his belief that those six or eight cases were truly recovering from this formidable injury. And McLeod is satisfied of the recovery of one such case in the Crimea, which he gives on the authority of Deputy Inspector Taylor. Now, if such injuries of the knee-joint may be recovered from, we certainly can not see why those of the hip should be so "uniformly fatal," as Dr. Otis seems to consider them." In this connection it must be borne in mind that immobility of the knee can be secured much more easily than in the case of the hip, which is an advantage in treatment that can not be overestimated.

Lastly, we have great faith in the conservative powers of nature, as illustrated in many of the cases given in the circular, as well as in others; and we presume to base an argument on certain fatal cases, in support of our opinion that gunshot injuries of the hip-joint are not *necessarily* mortal wounds. In thirteen fatal cases of the first "category," treated by temporization, one survived his wound 151 days, two lived for 147 days, and the average interval between the date of wound and that of death was 100 days. These were cases not admitting of any doubt as to the involvement of the joint, for that fact was established by *post mortem* inspection, which revealed fracture of the head—in two cases it being stated to be "badly" or "completely shattered." In view of such facts, we hold the opinion, as a reasonable probability, that an injury survived so long a period may be recovered from.

The report concludes with a rather minute account of the different modes of performing the operation; embracing the opinions of some men who never operated and others whose experience amounts to one or two excisions. As a rule, it may be supposed, the position, shape, etc., of the excisions would be governed by the locality of the wound.

T. H. K.

Electricity in its Relations to Practical Medicine. By Dr. MORITZ MEYER, Royal Counsellor of Health, etc. Translated from the third German edition, with notes and additions: By William A. Hammond, M. D., Professor in the Bellevue Medical College, New York: D. Appleton & Co., 1869.

There is a manifest disposition to give increased attention and importance to the value of electro-therapeutics; therefore, the present work, translated from the German by Dr. Hammond, is very acceptable—especially as it presents the whole subject so

fully, and in so condensed and convenient a form for the use of the practitioner. A portion of the volume, its introductory chapters, is devoted to the history of electricity and galvanism, together with a description of various apparatus, and the best modes of preserving them in good order, and maintaining their integrity.

Probably two-thirds of the book is devoted to the therapeutic uses and applications of electricity in the treatment of disease. In general medicine, of course the most important consideration is the use of this agent in nervous affections, paralysis, and like diseases, we think our readers will find this volume in all these respects the most valuable, and reliable that has appeared in the consideration of these topics. The chapter treating of the employment of electricity in obstetrics and diseases of women is also a very instructive one.

The book is beautifully printed on tinted paper, and in all respects the mechanical execution is faultless; so that we are sure the profession will receive this book of Dr. Meyer's in Dr. Hammond's English dress with a great deal of favor. Price, \$4.00.

A Treatise on the Diseases and Surgery of the Mouth, Jaws, and associate parts. By JAMES E. GARRETSON, M. D., D. D. S., etc. etc. etc. Illustrated with numerous steel plates, and wood cuts. Philadelphia: J. B. Lippincott & Co. 1869.

The work before us is both a contribution to surgical medicine and surgical dentistry, and serves to illustrate the great advance our friends of the sister and associate profession are making. But while this work of Dr. Garretson's is more particularly issued in the interest of the dental profession, it will prove of great value to all that large class of our surgical brethren who are interested in the affections and surgical diseases of the mouth.

The book contains about seven hundred pages, with more than forty chapters; we should therefore tax our readers to give the topics and any full analysis of the matter, we will therefore content ourselves with the assurance that it is full and comprehensive, beautifully printed, and elegantly illustrated; making altogether a remarkably valuable addition to our literature, and our instructions on all the diseases of the mouth and its pertaining structures. For sale by Robert Clarke & Co. Price \$7.50.

The Pathology and Treatment of the Stricture of the Urethra, and Urinary Fistula. By Sir HENRY THOMPSON, F.R.C.S., Surgeon Extraordinary, etc., etc., with illustrations. Philadelphia Henry C. Lea, 1869.

The little monograph before us is by the author of a little book noticed some time ago in this journal, on *Diseases of the Urinary Organs*, and its authorship is sufficient to introduce it to the favor of the profession. It is perhaps proper to say that this is the American edition of the third London—but that originally it was accepted as the Treatise for the Jacksonian prize of the Council of the Royal College of Surgeons, England.

Much of the value of the treatise, in our judgment, consists in the tabulated list of cases—two hundred in number, upon which much of the matter of the volume is based. There is however a concise outline of careful treatment of this affection, together with the elaborate views of a surgeon who has given a great deal of thoughtful attention to this field of surgery. For sale by Robert Clarke & Co. Price \$3.50.

A Course of Practical Chemistry. Arranged for the use of medical students. By WILLIAM ODLING, M.D., F.R.S., Fellow in the Royal College of Physicians, etc., etc. With illustrations. Philadelphia: H. C. Lea. 1869.

While this may prove of value—aiding the beginner in his chemical studies—it can certainly prove of little more than a syllabus of the subject, and thereby make a guide for the manipulations and studies of the laboratory. It is a neat little volume of 250 pages. For sale by Robert Clarke & Co. Price, \$2.00.

Sleep and its Derangements. By WILLIAM A. HAMMOND, M.D., Professor in the Bellevue Hospital Medical College, etc., etc. Philadelphia: J. B. Lippincott & Co. 1869.

As is stated in the preface of the present little monograph, the substance of this little volume originally appeared in the *New York Medical Journal*, in the number for May and June, 1865; but subsequently the essay was enlarged and published in a small volume, under the title of *Wakefulness, etc.*

When the original monograph appeared, it received our careful attention and commendation; and now we have only to repeat our good words, and express our gratification that the work has undergone such careful revision, making it a very valuable monographic

essay on this whole subject of sleep and its derangements. For sale by Robert Clarke & Co. Price, \$1.75.

A Guide Book of Florida and the South. For tourists, invalids, and emigrants, etc., etc. By DANIEL G. BRINTON, A.M., M.D. Philadelphia: Geo. Maclean. 1869.

This little hand-book is simply intended as a guide-book for persons—especially invalids—intending a visit to Florida. Having personally inspected and sojourned throughout our great American peninsula, Dr. Brinton is well prepared to make suggestions to the tourist. Hence we have all useful information in regard to railway facilities and other means of transportation, respectable hotels, etc. He also gives many useful hints in regard to clothing and the needed preparation for climatic changes and influences. We are not informed, but of course copies may be obtained from either the author or publisher, at Philadelphia.

The Science and Art of Surgery. Being a treatise on surgical injuries, diseases, and operations. By JOHN ERIC ERICHSEN, Senior Surgeon to University College Hospital, etc., etc. Fifth enlarged and carefully revised London edition. Illustrated with six hundred and thirty engravings on wood, with additions by JOHN ASHHURST, JR., A.M., M.D., etc., etc. Philadelphia: H. C. Lea. 1869.

The "Science and Art of Surgery" is a comprehensive subject, and the beautiful and large volume before us is a very comprehensive treatise on the subject. As is suggested by the American editor, Dr. Ashhurst, we have no doubt it will prove "a thoroughly trustworthy text-book and volume of reference for both student and practitioner."

The authority of Erichsen, as a surgeon of the present, is too well established to comment upon. We are therefore disposed to submit this new and elegant edition to our readers without "note or comment." For the purposes of the general practitioner, as well as the practical surgeon, we do not think any recent work will compare with Erichsen, and we confidently commend this new and revised and complete edition to our readers. For sale by Robert Clarke & Co. Price, sheep, \$8.50.

Selected.

*Abuse of Insane Asylums. In which sense should the Phrase
be taken?*

From the Boston Med. and Surg. Journal.

Our attention has been called to the following article in the *Boston Daily Advertiser*, of September 18. A similar piece appeared in the *Boston Post* of the same date :

“ Mr. H. Frothingham, a New York merchant, was released from the Bloomingdale Insane Asylum a few days ago on a writ of *habeas corpus*. He had been an inmate of the institution for more than three months, during the whole of which time he alleges that he was of perfectly sound mind. ‘ I can only assert,’ he says, in a letter published in the *New York Times* of yesterday, ‘ that I am sane now, was sane at the time I was taken there, and was of sound mind and memory during the whole time I remained there.’ The story of his incarceration is briefly this: On the morning of the 8th of June last he returned to his house after a night’s absence, and found there two strange men. He conversed with them a short time, and at their request left the house in their company. He was at once taken by them to a station house, and shortly afterward he was removed to the police court room at the City Hall in Brooklyn. Here he saw his brother and one gentleman with whom he had a slight acquaintance—all the rest present were strangers. No testimony was taken by the judge, and an examination was refused; but when Mr. Frothingham said he would like to consult Mr. Evarts, he was removed from the court room and placed in a carriage, in which were seated his brother and the two strangers of the morning, who stated that they were going to Mr. Evarts’ residence. Mr. Frothingham was driven, however, directly to the Bloomingdale Asylum, where he was forced to remain for the period above named. The only reason he can assign for this treatment is found in a conversation which he had on the day previous to his imprisonment with a son

of a cousin, in the course of which he informed his relative of 'a matter, of which he was unaware, in regard to certain relatives who resided in Massachusetts.' What this matter was he declines to say, remarking that its nature will be disclosed by the legal proceedings which he is about to institute. The extraordinary features of this case have attracted a good deal of attention. *It clearly illustrates the facility with which designing persons may secure the confinement in insane asylums of those they desire to victimize,** and it is to be hoped that it will reveal the necessity for such legislation as will prevent the possibility of such occurrences in the community."

A nice sensation story, with a sounding "snapper" at the end of it! It would seem almost a pity to say anything to mar the effect. But duty is inexorable. The two secular journals aforesaid, leading papers in their respective parties, the one proverbial for its "respectability," the other, the embodiment—outside of its political harness—of courtesy and good-fellowship, might have been, we suspect, more discriminating, if they had been less anxious, perhaps, to point a moral and adorn a tale in a pungent paragraph. They might possibly have considered that the presumption was in favor of the wisdom of the professional parties who certified the unfortunate gentleman to the Bloomingdale Asylum, and of those who retained him there, unless that presumption was overthrown by competent evidence. It was not set aside, we take it, by the issue of the *habeas corpus* requiring them to show cause, and so forth, and would not be overruled except by further legal proceedings, which at our last advices had not been instituted. It certainly was not weakened by the fact that the Insane Asylums are generally well filled, and that their superintendents are discussing the expediency of billeting some of the harmless inmates of these institutions in private houses. Our eminent cotemporaries might also, if they had duly reflected on what they were doing, have refrained from passing summary judgment, before ascertaining the correctness of the facts alleged, and the antecedents of the person principally concerned in the transaction animadverted upon.

Not long previously to his confinement in the Bloomingdale Asylum, Mr. Frothingham was in Boston, and exhibited such symptoms that he was sent to the McLean Asylum in Somerville,

* The italics are ours.

at the instance of his brother, and of a mutual friend—a very respectable merchant of this city. That he was insane at that time, we are able to testify personally, as we were one of the two physicians who, in accordance with the law, certified him over to the Hospital. Before our interview with him on that occasion, we had no knowledge of any of the parties to the occurrence, except Dr. W. O. Johnson, who came for us, in default of finding Dr. Jacob Bigelow, for whom he first went. Thus we were free from all bias in the matter. And, speaking as a physician, we must say that we should think it impossible that any tyro in medicine could have failed to draw from that interview the professional conclusion at which we arrived, and on which we acted, viz: that the patient was then of unsound mind and requiring medical treatment. Not a doubt of his insanity was entertained by Dr. Tyler, who received him into the McLean Asylum, and who retained him there until he was withdrawn at the desire of his mother and sister; the consent of the brother, upon whose request he was admitted, having been obtained. Let it be understood that the patient was not discharged, as cured, but merely surrendered to the authority of the relatives who demanded him; and no complaint, that we are aware of, has been made of the action of any one concerned in this chapter of his history.

We are informed that the patient's subsequent career was eccentric, and that his mother had him placed in the Bloomingdale Asylum; since his removal from which he and the newspapers seem to have had matters pretty much their own way. Instead of his being a wealthy merchant, as one of the papers has it, his nearest relative, we are told, had mortgaged her house to set him up in business. Thus his heirs would seem to have had no pecuniary motive for confining him.

Of course we can not, at this distance of time and space, affirm the present insanity of the gentleman in question; nor are we authorized on the ground of our professional opinion that he was deranged when we saw him in Boston, to assume that his mind was disordered when afterward he was sent to Bloomingdale. But, doubtless, if our editorial friends had known the circumstances we have recounted, they would not have entertained their readers with the story in question, as furnishing a test case which "clearly illustrates the facility with which designing persons may secure the confinement in insane asylums of those they desire to victimize." It may be claimed that a reporter has no time to investigate

such facts in every case he puts into print. Very well! Then it is equally true that the same reporter has not the time for a fair and full statement of such matters at all, and should therefore remember that there are junctures when "silence is golden." In such cases he should confine himself to the bare item of the confinement and removal of the so-called insane, with perhaps a mere allusion to the allegation that the detention was improper, as being an assertion "important if true."

We have occupied thus much space in dealing with this matter, because it seems to be the fashion of the day to find fault with insane asylums, and to spread broadcast everything which may make against them, notwithstanding that they were never better managed than they are now. The tendency of all this is to prejudice people against those institutions and their management; and thus to a certain extent to deprive the public of a means of cure—of *the* means of cure—for one of the worst maladies afflicting the human race. Nay, more! Just as sure as the planting of the seed leads to the harvest, just so sure will the course we deprecate *multiply tragedies like that which occurred at Longwood last year; or like that recently cited by the New York Medical Record.*

It occurs to us that this fashion of carping at the public benefactors in question, may have sprung from the accumulated complaints of lunatics, whose habit of decrying their keepers is a part of their sad disorder. It is just possible, however, that it may also be traced to a less worthy course. It may be the reverberation of the "sensation" produced by a certain English work of fiction, the plot of which turns upon the interest sought and produced among sentimental readers, by the adventures and sufferings of the hero in a private mad-house. The fabrication of the author's fertile brain makes the matron procure the release of an inmate—an imbecile—in order that he may "go to house-keeping" with her according to law. A highly wrought story may be absurd in its contrivance, but pernicious in its effects.

At all events, if the present tendency goes on unchecked, and the practice becomes widely adopted of private individuals constituting themselves the keepers of the insane, the butchery of unoffending wives, husbands, parents, children, or neighbors, by lunatics, will be more common than ever. Singularly enough, this popular error is coupled with a converse form of pseudo-philanthropy—that of shielding the willful murderer from punishment under the pretext of insanity.

EXTIRPATION OF THE UTERUS FOR COMPLETE PROLAPSE.—Prof. Langenbeck, of Hanover, has recently performed this operation upon a woman, forty-eight years of age, who has suffered from prolapse since the birth of her first child, eighteen years previous. She had borne nine children since then. The result was a good one. The patient removed the ligatures herself from the eighth to the tenth days. The operation was performed on the 15th of May; on the 29th she left her bed; and on the 31st she took her first walk in the open air.—*Memorabilien*.

PREGNANCY WITH A PERFECT HYMEN.—A correspondent of the *Lancet*, Dr. H. Robinson, makes the following report: A few months since I was called to attend a married young lady, aged twenty, in her first confinement. Upon inquiry, I found she was only in her seventh month of pregnancy. I examined, and found the hymen unruptured, and with difficulty passed my finger through it; the os uteri was dilated about the size of a crown piece. I waited to see if nature would be able to rupture it without assistance; but owing to the thickness of the hymen, it could not, although the pains were quick and strong, and the head pressing hard against it. I therefore divided it with a pair of scissors. The head was born the next pain, and labor completed in a few minutes. The child lived two days, and the mother made a good recovery.

PERSISTENT PRIAPISM SUCCESSFULLY TREATED WITH BROMIDE OF POTASSIUM.—Dr. B. S. Hargis relates the case of a mulatto (*N. O. Journal of Medicine*), aged 28 years, married, and who was addicted to excessive venereal indulgence, and who was seized immediately after connection with an intensely painful erection. He had applied cold water assiduously; then had recourse to hot baths and fomentations; took purgatives, and afterwards opium. His countenance was haggard, and expressive of great anxiety. He suffered intense pain in the virile member. He was ordered of bromide of potassium grs. xv. every two hours. In six hours the pain was relieved and the organ flaccid, and entire relief was experienced. In about two months he experienced another attack of the priapism, and was treated as before with the same result.

QUININE, OPIUM AND CHLOROFORM.—J. Campbell Shorb, M.D.,

Professor of Physiology in the Toland Medical College, San Francisco, California, in his introductory address to the students on "Benevolence in Medicine," concludes with these words: "The student of medicine, who, in the consideration of quinine, opium, and chloroform, can not discover abundant reason for gratitude to the good God above us, nor reason for devotion to medicine, had better leave these halls; or staying, pray that the obscurity of his soul may depart, and that his heart be aroused to a sense of the majesty and beneficence of the noblest of all human sciences."—*California Medical Gazette*.

CINCHO-QUININE.—Jas. R. Nichols & Co., Chemists, Boston (*Boston Journal of Chemistry*), acting upon the idea that the natural alkaloidal principles of bark, in their simple unchanged condition, separated from the gross woody and other matters, would better subserve all therapeutical ends than themselves, or *any one* of the alkaloids separately employed, have prepared Cincho-Quinine. It contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids.* 1st, quinia; 2d, cinchonia; 3d, quinidia; 4th, cinchonidia; 5th, other alkaloidal principles present in bark, which have not been distinctly isolated. In the beautiful white amorphous scales of Cincho-Quinine the whole of the active febrifuge and tonic principles of the cinchona barks are secured without the inert, bulky lignin, gum, etc. It is believed to have these advantages over sulphate of quinine:

First. It exerts the full therapeutic influence of sulphate of quinine in the same doses, without oppressing the stomach, or creating nausea.

Second. It has the great advantage of being nearly tasteless. The bitter is very slight.

Third. It is less costly than sulphate of quinine.

Fourth. It meets indications not met by that salt.

Formula and Methods of using Cincho-Quinine.—A perfectly clear solution of *Cincho-Quinine* may be made by taking 10 grains, rubbing it fine in a mortar, and gradually adding 2 fluid ounces of water, in which are dissolved 30 drops of No. 8 acetic acid, or 6 drops of sulphuric acid. The solution is not disagreeably bitter, and a pleasant elixir may be made from the solution by adding syrup and aromatic flavors.

Cincho-Quinine Pills.

- R. Cincho-Quinine (finely powdered) - - gr. xx.
 Acid. sulph. aromat. (Elix. Vit.) - - - gtt. xx.
 Fiat pil. xx.

Mix, and rub in mortar until it becomes hard enough to form into pills. The mixture is at first quite liquid, but it soon hardens, and pills can be readily formed from the mass. This is the preferable form in which to administer the remedy, as the pills are small and can be readily taken. They need no *sugar coating* to render them palatable.

Cincho-Quinine Elixir.

- R. Cincho-Quinine (finely powdered) - gr. xlviii.
 Aqua rosæ (fresh) - - - - - 3 viij.
 Syrupus simplex, - - - - - 3 iv.
 Tinct. cardamom, - - - - - 3 ij.

Mix Dose as a tonic, a dessert-spoonful three times in the 24 hours. The elixir should always be shaken before it is administered.

Cincho-Quinine Powders.

- R. Cincho-Quinine, - - - - - 3 j.
 Sacch. alba (powdered), - - - - - 3 iv.

Rub together in mortar and divide into powders of any size desired.

In intermittents, Cincho-Quinine may be given in 5, 10, 20, or even 30 grain doses, the same as sulphate of quinine. As an introduction to the treatment of fever and ague with Cincho-Quinine, an ipecac, or other emetic, is often of the greatest service. The remedy must act upon the walls of the stomach and the connecting organs, to produce constitutional effects.

The physician in charge of the United States Marine Hospital, Chelsea, Mass. (Dr. Graves), prescribes this preparation in the wards of that hospital, and speaks highly of it as an antiperiodic.—*Medical Record.*

HYPODERMIC INJECTION OF CAFFEINE IN POISONING BY MORPHIA.—Dr. Senneker communicates to the *St. Louis Med. Journal* a case of this kind, where the patient was in a dangerous condition. He injected a grain of pure caffeine hypodermically, and after having injected three grains in ten minutes the patient quickly recovered.

THE *Union Médicale* announces that Hebra and Sigmund, who have been for twenty years professors *extraordinary* without remuneration, have just been named professors in ordinary. The *Union* adds that this is a just but tardy recompense of their zeal.

THE DECOLORIZATION OF TINCTURE OF IODINE.—* * * * The ordinary soap liniment does not actually decolorize the iodine, yet it possesses the great advantage of enabling us to rub it freely into the skin without the characteristic color of iodine being imparted to it; and thus we can use iodine as an external application where the antipathies or caprice of patients would otherwise present a formidable barrier to its use, were it employed in the ordinary way. As a liniment, one part of tincture of iodine, one of glycerine, and two of soap liniment, may be used for a long time without producing much cutaneous irritation, or any characteristic decolorization. Stains caused by the accidental application of tincture of iodine may be at once removed by the use of soap liniment.—*California Medical Gazette*.

THE SUBCUTANEOUS USE OF CHLOROFORM.—In reference to the very interesting report on the new anæsthetic, chloral, which we publish this week, we would direct attention to the observation that when chloroform in a sufficient quantity is injected subcutaneously, it seems, like chloral, to produce a narcotism which lasts many hours, and does not appear to be succeeded by any stage of excitement analogous to which follows the narcotism of chloroform inhalation. The observation, if confirmed, is of great interest, as it illustrates a law which has not, of late years at least, received a due amount of attention: that the physiological action of a substance may be modified by the mode in which it is introduced into the animal body.—*London Medical Times and Gazette*.

CAMPHOR AS A PREVENTIVE OF OXIDATION.—Mr. George Wellborn (*Journal of Applied Chemistry*) finds that a small lump of camphor placed in a bottle of recently crystalized protosulphate of iron preserves it from oxidation, the salt remaining as a transparent solution after it had been kept three months. If the odor of camphor acquired by the salt is objectionable, it may be exposed a while before using, or it may be removed by alcoholic washing, and dried.

REPLANTATION, TRANSPLANTATION, AND IMPLANTATION OF TEETH.
—Dr. Mitscherlich, Prof. of Surgery, in the University of Berlin, has written a monograph upon this subject, and Dr. Suersen, of Berlin, mentioned something on the same subject at the last annual meeting of the German dentists.

Mr. O. Salomon, in his article translated from the German, gives the following definition of the words replantation, transplantation and implantation: *Replantation* is to replace a tooth, after extraction, in the same alveola. *Transplantation* is placing of a freshly extracted tooth from the mouth of one person into that of another. *Implantation* is the insertion of an old and dead tooth. Replantations and transplantation have been in use for a long time. The first successful implantation was performed by Prof. Dr. Mitscherlich. He lately presented the subjoined case to the Society of Medicine, of Berlin. The case was that of a young lady, for whom Dr. M., on the 2d of March, 1861, implanted for one upper right cuspid, a second lower bicuspid. Now—eight years since its insertion—this tooth is firmer than any tooth in her mouth. The color of the tooth remains unchanged—a circumstance very uncommon, indeed. The soft parts around the tooth are perfectly healthy, and it has not the slightest appearance of chronic inflammation or suppuration.

In the same mouth there is another implanted tooth inserted a little later, the firmness of which is about the same as the first, but the color is of a somewhat dark violet. If any member of the profession desires to try the experiment of implantation, he is advised to open the pulp cavity, remove the soft, organic matter, and fill the same with gold. This will prevent the discoloration of the tooth.

There exist two different opinions as to the progress of replanted teeth; the one is, that the tooth has an active tendency to grow into vitality, the other is that it plays but a passive part.

The first is not impossible, as may be ascertained by examining a preparation of this nature in the anatomical museum at Bonn. As to implanted teeth, they having been already dead, vital action is impossible.

The progress of the latter is, according to Dr. M.'s experiments, as follows: After the extraction of the roots the periosteum of the alveola swells slightly, and forms an exudation which surrounds the roots of the implanted tooth, and if the tooth is not artificially

retained it will eject it; at the same time with the process of exudation, and undoubtedly caused by it, the cementum and dentine of the implanted root are reabsorbed in some places. In the reabsorbed places the exudation grows and ossifies after a time, and the tooth is thus let into place. The success of this operation depends upon the presence of the vital process of the alveola.—*American Jour. of Dental Science.*

ANTISEPTIC TREATMENT OF WOUNDS. — Letter from Dr. J. C. Warren. *Mr. Editor.*—Having recently had the privilege of visiting the wards of Prof. Lister, at Glasgow, it may prove of some interest to the readers of the *Medical Journal* to learn the latest modifications he has made in the antiseptic treatment of wounds.

This subject still continues to excite considerable interest in most English cities, and has been taken up and employed successfully in some of the continental schools. Although this system has been condemned by many distinguished surgeons, it has not been by any means universally so, and still claims several enthusiastic supporters in Great Britain.

It may be as well to touch upon his germ theory of putrefaction and the process of healing by scabbing, although the subject has been very clearly and elaborately exposed by him in a series of articles which have appeared during the last eighteen months in the *Lancet* and *British Medical Journal*. The germ theory may be briefly stated thus :—suppuration in wounds is caused by an irritation produced by the presence of germs or organisms which find their way into a wound, and there multiply and cause putrefaction.

Putrefaction, then, is the exciting cause of suppuration in a wound : can this be prevented, the largest wound may heal without any secretion of pus. This process of healing, such as may take place in a large lacerated wound of the leg accompanying compound fracture, is not considered by him to be healing by “first intention,” nor indeed “by granulation.” It is rather an intermediate process. Given a wound sufficiently large and accompanied with sufficient loss of substance to be incapable of healing by first intention ; the extravasated blood and serum cover the surface of the exposed parts and form a clot which serves the purpose of a protecting scab. Provided now that no living germ is introduced beneath or penetrates this covering, the cell formation takes place

quietly in the parts below, while the cloth itself becomes organized in the same manner as a thrombus in an artery. The clot or scab establishes in this way a vascular connection with the parts beneath. Meanwhile, cicatrization continues, and as the edges of the wound approximate each other the scab is compressed on all sides, and finally atrophies and comes away. If it is cut into, however, before union is complete, it will *bleed*. When a wound heals in this manner, no pus whatever is found upon the dressings. They may be stained by the escape of a small amount of serum and what is called a mucous discharge. This fluid, examined carefully under the microscope, is found to contain no pus corpuscles whatever.

The antiseptic treatment of wounds has undergone a variety of modifications since Mr. Lister first began his experiments, some two years ago. Most of these have been described at length in the English journals, and will hardly need repetition here, especially as his present method differs from them in several essential particulars.

The dressings are now changed daily, and the tin plate and the paste have been discarded, and a very thin piece of oil silk and a lac plaster* are used in their place. After an operation the wound is washed with a solution of carbolic acid, one part to twenty of water, and the edges are brought together by antiseptic sutures. The nozzle of a syringe is then introduced into one end of the wound which is freely syringed out with the same solution. A strip of very thin oil silk, rendered antiseptic by being dipped into the acid solution, is then placed upon the wound of a size just sufficient to cover it. The object of this is to protect the wound from the carbolic acid contained in the dressing next to come. This consists of the lac plaster. Before application the plaster is stripped off from its cambric, by moistening the cloth in water. This is done in order that the plaster may more easily adapt itself to the parts about the wound. The gutta-percha layer must also be rubbed off. The size of the plaster thus applied is sufficient to

* The receipt as given us by the New Apothecaries' Company at Glasgow, is the following:

Take of Shellac 3 parts,
Carbolic acid 1 part.

Dissolve with gentle heat, and spread with machine; when spread, coat with a solution of gutta percha, 1x16 of bisulphate carbon.

overlap the wound an inch or two in all directions. Above this is applied another much larger piece of the plaster, with its cambric on, and the whole is secured by a bandage.

The object which he tries to accomplish is to *blockade* the wound in all directions by dressings exhaling carbolic acid vapor, while the wound itself is not touched by the acid at all. The small amount of the acid left in the wound soon ceases to exert any irritating influence, and the wound is exposed only to the vapor of the acid which penetrates the oil silk covering. Mr. Lister has found by experiment that the vapor of the acid which passes through a piece of oil silk is sufficient to disinfect any animal matter which may be on the other side. Any secretions which exude from the wound and become exposed to the air are thus thoroughly disinfected before they have a chance to regurgitate. The same fate awaits any germ which tries to find its way in with them.

If there is any discharge from the wound the dressings should be changed daily. The upper dressing being removed, the lower layer of plaster, which adheres closely to the skin, is carefully peeled off from one end and with it the oil silk. As the wound is exposed it is syringed with the 1-40 solution, and this is continued until the new dressing is applied.

Plaster dressings can not be applied in all cases, for instance on wounds about the genital organs. In such cases a piece of lint soaked in a solution of one part to five of oil is used, but this must be changed frequently.

We should not omit to add that the parts to be operated upon should be well washed with a weak solution of the acid, and if there are any folds of skin or parts covered with hair in the neighborhood, these should be rubbed hard with the 1-5 oily solution, to destroy any organisms that may be lurking about.

A word here about the antiseptic ligature and suture. A detailed account of the ligature of arteries on the antiseptic system has been given by Mr. Lister in an article in the *Lancet* of April 3, 1869, and he still continues to employ ligatures prepared in this way. This, in brief, consists in the employment of fine catgut ligatures steeped in an oily solution of the acid of the strength of one part to five, with a small quantity of water diffused through it. It has been found, by experiment, that such a ligature not only does not exert any irritating influence on the parts about, but

eventually becomes organized and intimately connected with, the outer coat of the artery and the surrounding tissue. At present torsion is used almost universally in England for all the smaller arteries, and the writer had the opportunity of witnessing an amputation of the breast by M. Lister, where not a single ligature was used.

Up to the present time he has contented himself with employing silk for sutures, with one exception, however. This was in an operation for the removal of a small tumor on the forehead, where catgut sutures were used. The wound was dressed antiseptically, and the patient left for the country, and was not seen for several days. On his return, the dressings were removed, and the wound was found to have healed without suppuration. The sutures remained, to all appearance, unchanged; but on seizing one of them with the forceps, in order to cut them with the scissors, the external portion came away easily, leaving *no trace behind* of the part which had been buried in the edges of the wound. The same was the case with all the other sutures. He is of the opinion that in this case the deep portion of the suture had either become organized or was absorbed. He purposes to experiment further in this direction, to see if this result is constant.

The antiseptic dressing has been found to be most successful in the treatment of abscesses, compound fractures, excisions of the breast, and in those wounds to which the dressing can be easily and accurately applied. He has not had uniform success in the treatment of amputations, though he has found them, on the whole, to do much better than when dressed according to old rules. During the last two years that he has employed this system he has had but one case of erysipelas, and two of pyæmia. This in wards which contain, on an average, some sixty patients, and in an infirmary which has for its site an old cholera burying ground, is certainly something to boast of.

The writer has had the opportunity of conversing with Mr. Lister on this system, and also with many prominent English surgeons, and can truly say that nowhere has he seen the details so carefully attended to as in Mr. Lister's wards. Most surgeons, in England, at least, have contented themselves with following his directions in a general way, frequently omitting some important particular. For instance, one writer states that he took great pains to wash out his sponges in water both before and during the

operation! The very thing he should have taken care not to do, unless the water had been previously rendered antiseptic.

Whatever the merits of the antiseptic system may be, it is very evident that a proper appreciation of them can never be arrived at without that scrupulous attention to detail which has so frequently been insisted upon by its originator.

STATISTICS OF SYPHILIS IN PARIS.—Dr. Leon Le Fort contributes to the *Gazette Hebdomadaire* the statistics of syphilis which he had collected as surgeon to the hospital "du Midi" in 1866-67. In the space of 17 months there fell to his charge 1,824 in-door and 12,889 out-door cases, many of which were relapses. Of 4,987 cases of blenorrhagia, the history of which was known, there were 957 under 20 years of age, and 1,915 between 20 and 25 inclusive. The period of incubation was ascertained in 2,070 cases. In 50 of these the disorder was developed in 24 hours; 149 cases appeared in two days; 327 in three days. The greatest number was in eight days. Only in 35 cases did the period extend to 15 days. There were 645 cases of orchitis, of which 227 were on the left side, 269 on the right, 44 on both, and 86 not specified. The greater frequency of orchitis on the right side has been attributed to the more frequent carrying of the testicles on the left side, which exposes the right testis to the friction of the clothing. The greatest tendency to orchitis existed between 10 and 25 days after the commencement of urethritis. As to the relation of this disease to the treatment, 264 of the 479 cases had received no treatment at all, while 73 had used balsamics, 82 injections, and 60 both balsamics and injections. He concludes with the inference that although the absence of treatment, by prolonging the time in which orchitis may occur, rather favors its occurrence, yet the mode of treatment has no influence in this respect.

PHILIP MARET, of New Haven, has bequeathed \$146,000 to the Connecticut State Hospital, the income of which is to be applied to indigent patients.

THE DECIMAL SYSTEM of the gramme and multiples has been adopted in the Austrian Pharmacopœia.

THE CINCINNATI LANCET AND OBSERVER.

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Original Communications.

ART. I.—*The Influence of the Mind of the Mother upon the Fœtus in Utero.*

By W. HOBBS, M. D., Carthage, Ind.

[Read before the Union Medical Society, at Knightstown, Ind., at their September session, and offered to the *Lancet and Observer* for publication by their order.]

The belief that the state of the mind of the pregnant female can and does affect the development of the fœtus *in utero* is older than the records of medicine. The stratagem by which Jacob so largely increased his share of the flocks of his father-in-law is biblical evidence of its acceptance in that early day.

The ancient Greeks firmly believed that the thoughts of the mother gave features to the offspring, and were careful to furnish their dwellings with the finest works of beauty and art for the contemplation of their wives during gestation, and anxiously guarded them from all sources of displeasing and painful emotions. Such figures as Apollo, Bacchus, Castor and Pollux, Antinous, Narcissus, etc., were kept before them, that by the contemplation of their perfect proportions the minds of those expecting to be mothers might admire their beauty and impress their form

upon their offspring. The ill-favored and deformed Dionysius was extremely anxious that his offspring might be more comely than himself, and in order to bring about this result he brought before his wife beautiful pictures and pleasing objects for her study and contemplation.

The "Loves of Theagenes and Characlea," one of the first novels ever written, was based upon this belief; the heroine having been born white from Ethiopian parents, her mother having often viewed the picture of Andromeda, which was painted with a white face.

In the infant years of the science of medicine the same notions prevailed, and they were accepted and taught by medical men. Hippocrates was so well convinced of the force of these mento-maternal influences upon the offspring that in the case of a noble lady who was under prosecution for having given birth to a mulatto child (she and her husband both being white), he testified that the monster was caused by the picture of an Ethiopian which hung in her chamber, and thus saved her from punishment. It was also the opinion of Galen that a picture could produce such an effect.

But we need not go to ages so remote to find people who believe that impressions made upon the mind of the mother can and do influence the development of the unborn child, nor to the early fathers in medicine in search of men learned in science who credit and teach such doctrine. The progress which we have made in knowledge and truth has stripped enlightened nations of much fable and superstition relative to this subject; but the fact remains well fixed in the public and professional mind that the mental state of the mother exerts a great influence over the foetus in the womb, and that powerfully engaging thoughts and frightful imaginations may and often do produce corresponding effects upon its development and growth. In making this statement I am very far from saying or believing that all which the ignorant and superstitious of the present or of former days attribute to such cause is true, and that the many wonderful and foolish stories oft repeated of monstrous births and strange "marks" are to be believed, but I mean to say just what I have said and no more.

All medical writers, ancient and modern, recognize an excess of irritability and impressibility in the nervous system of the pregnant woman, and are careful in their advice for the management

of such to counsel removal from all sources of offense and irritation, and to associate about them those things which produce quietude, equanimity, and content.

"Nothing contributes more certainly to the safety and future good health of the child than cheerfulness of mind, or at least, equanimity on the part of the mother. This fact was well known to the ancients, and they acted upon it accordingly, by giving great attention to the wants of pregnant women, removing from them all disagreeable and disgusting objects, and constantly presenting them with subjects calculated to excite admiration, or create agreeable impressions on the mind." (*Dewees on Children*, p. 39.)

M. Bouchut, in his *Treatise on Diseases of Children*, in enumerating the accidents of pregnancy which may affect the health of the fœtus, says "very intense mental impressions experienced by the mother" is among the principal. (p. 4.) "In pregnancy the reaction of mental agitation or depression is capable of producing very unfortunate impressions, both upon the mother and fœtus." (*Eberle on Child.* p. 11.)

Smellie relates a case in which the mental agitation produced by the convulsions of a child in the lap of a pregnant woman was followed by a very extraordinary train of circumstances. (*Cases*, etc., vol. 2, p. 73.)

"This extreme impressibility of the nervous system in pregnant women teaches us the necessity for preventing them from witnessing scenes of acute suffering or distress, such as those of sickness, especially convulsive affections, or the agonies of a death-bed. They should not be present when others are in labor. They ought by every possible means to be saved from exposure to circumstances likely to impress them strongly with terror, which may not merely produce physical injury in them or their child, but has also been known most seriously to affect the mental and intellectual constitution of the latter." (*Montgomery, Obst. Essays*, p. 32.)

But while all argue that such influences may affect the health and happiness of the mother, and may cause the death of the fœtus, and such other changes in its growth and development as we understand may follow from the alterations in its nutrition, which these maternal conditions may affect, some limit the degree of fœtal impressibility to this extent, and deny that the mental state of the

mother can or does so control the development of the child *in utero* as to modify its growth into particular forms and make it resemble the image in her mind. That such does exist, and that it is some times exercised to the production of flesh marks and monsters is, I believe, generally credited among intelligent people outside of the profession of medicine. I think I am also safe in saying that so far as I am acquainted with medical men a great majority of them entertain the same opinion.

Many of our writers and teachers, and some of their pupils, give a general denial to the whole question of the "influence of the imagination," as it is generally termed, in modifying the organization of the foetus, and in terms more positive and learned than wise or true, pronounce the story a mere fable, and the cases presented "old women's tales." I hope to be excused for answering such argument by saying that "old women's tales" are as good as any body's tales, if they be true; and whether true or untrue, they are quite as good as induction in an experimental science, or a philosophy opposed to facts.

The question before us is a question of fact, not of induction or sequence or philosophy—of vital phenomena—of physiology, and like all such questions, can only be studied by the observation of nature. Such phenomena can not be reasoned out by themselves nor inferred by logical sequence from any original principles, or any other set of phenomena, and thus proved. Nor can they be denied by showing them improbable, or disputed because they can not be explained in accordance with our other knowledge.

The *argumentum ad hominem* of those who deny that the mind of the mother can produce such effects upon the development of the child is that the anatomical relation of the two beings does not exist whereby such power could be transmitted. This is no answer in physiology; if it were we should deny that a child was ever born into the world, for the whole process of reproduction, from ovulation to birth, is a wonder of which we know but little, and which no man can explain. All which we have acquired consists of a few facts which we have observed. In the study of nature facts must be admitted, however incredible, when supported by proper evidence.

How does the matter stand? The following cases have fallen under my own observation:

CASE 1. Mrs. C., aged 25, during the second or third month of her first gestation was surprised at the door by a beggar who was so deformed by paraplegia of the right side that he was barely able to stagger from door to door. She was greatly terrified at his appearance, and during the remainder of her pregnancy was scarcely able to get the image out of her mind. Her child was born at full term and is now a grown woman. From her birth she has suffered from partial hemiplegia of the right side. Her gait is staggering and uncertain, and her hand on that side too unsteady to lift a cup of tea or water.

CASE 2. Mrs. C., during the early months of gestation, was passing through an alley in which a black and white spotted horse was grazing. After she had passed the animal he came after her with head extended, ears laid back, and mouth open in the act of seizing her with his teeth. In great terror she ran screaming and scrambled over a fence out of his way. The image of the frightful brute remained fixed in her mind during the remainder of her gestation, and when her child was born a nevus as large as a man's hand was found on its right side and hip, covered with hair resembling that of a horse, and in spots of white and black or brown. The child has since grown into a woman, the nevus has kept pace in the growth; the skin and hair need no help of fancy to make the resemblance of a horse's, and the spots are very distinct.

CASE 3. Mrs. B., in the third month of her third pregnancy, was visited by a wounded soldier who was shot through the hand. She had often heard of him, as he belonged to a company in which her husband was an officer. She did not see the hand, but was reminded of the description she had had of it, and as he held it up before her her mind appeared impressed with it in a very remarkable manner. All notice of the fact, however, was soon forgotten, until the child was born, when one of its hands was found without a whole finger on it. The rudimentary parts were twisted together and united at the extremities, and near the middle of the hand was an orifice entirely through. The little fellow grew to be about three years old, and I have often seen him amusing himself by passing pins and other small objects through this opening.

Dr. Montgomery, in his *Obst. Essays*, pp. 35 and 36, relates the following interesting case: "A lady pregnant for the first time, to whom I recommended frequent exercise in the open air, declined going out as often as was thought necessary, assigning as her reason

that she was afraid of seeing a man whose appearance had greatly shocked and disgusted her. He used to crawl along the flag-way on his hands and knees with his feet turned up behind, which latter were malformed and imperfect, appearing as if they had been cut off at the instep, and he exhibited them thus in order to excite commiseration.

"I afterward attended the lady in her confinement, and her child, which was born a month before its time, and lived but a few minutes, although in every other respect perfect, had the feet malformed and defective precisely in the same way as those of the cripple who had alarmed her and whom I had often seen."

Dr. M. says (Ib. p. 36) still more recently he witnessed the following fact: "Mrs. N., the wife of a clergyman, came to town for her confinement, and a lady who was with her told me that she had been very uneasy in her mind from an apprehension that her child would be born with a deformed hand. Her anxiety had been induced by the following occurrence: the mistress of a school which she frequently visited had been delivered of a child with a deformed hand, and as Mrs. N. was known to be at all times very nervous and easily alarmed, and was then a short time pregnant, great pains were taken to prevent her seeing the child, except with such precaution as would preclude her observing the hand. It happened, however, one day that she walked unexpectedly into the room where it lay asleep and sat down by the cradle to look at the child, which at the moment happened unfortunately to have the deformed hand fully exposed to view. She felt greatly shocked, and afterward alluded to what she had seen and expressed the conviction that her child would be born with a similar deformity. Very soon after her delivery, she expressed an anxious wish to see her infant, which was brought to her wrapped in flannel in the usual way. She instantly drew out the child's arm and exclaimed with a look and tone of horror, 'Oh, the dreadful hand!' and there it certainly was, with exactly the same deformity as that which had excited her disgust and terror several months before. The deformity consisted in the absence of one finger and the complete union of the middle and third fingers, the united extremities of which were covered by one nail, presenting a very disagreeable appearance indeed."

P. H. Bird, in a note to a translation of M. Bouclint *on Children*, cites the case of a young woman in the sixth month of pregnancy

who caught a full view of a double hare-lip while under operation. She fainted, and at full term of utero-gestation was delivered of a full-grown female child who had double hare-lip and cleft palate like the one she saw three months before. No such deformity had previously been known either in her family or that of her husband.

The published cases in attestation of the fact in question might be cited in great numbers, and the notes of almost every physician of many years' experience will add new examples.

Dr. Eberle says, "This erroneous and injurious notion is unreservedly rejected by all sensible, observant, and reflecting physicians." (*Eberle on Child.* p. 13.) Let us see who are neither "sensible," "observant," nor "reflecting."

The tendency to epilepsy may be "born with one from the imagination of the mother when she was pregnant, being shocked at the sight of a person in an epileptic fit." (*Boerhave, Aph.* 1095.)

"There seems reason, however, to believe in the occasional origin of deformities in the fœtus from vivid external impressions acting through the imagination of the mother." (*P. H. Bird, Bouchut, Dis. Child.* p. 5.)

Mr. Whitehead relates many cases in confirmation of this opinion which he fully indorses. (*Hereditary Diseases*, p. 16.)

"The question whether mental emotions do influence the development of the embryo must be answered in the affirmative. Instances undoubtedly have occurred of such mental impressions. Fright more particularly, when violent, giving rise to malformations. Seeing that many malformations originate in arrest of development, and how frequently the former bear a certain resemblance to numerous animals, it is just conceivable that the development of the embryo may be so arrested by maternal emotions as accidentally to occasion a likeness between the object that produced the impression and the resulting malformation." (*Rokitansky, Path. Anat.* vol. 1, p. 11.)

See also M. Esquirol's treatise on *Insanity*; where we are taught that we are often to look to the maternal womb for the true cause not only of imbecility but also of the different kinds of mania.

"I can not help thinking it quite consistent with reason and the present state of our knowledge to believe that a very powerful impression on the mother's mind or nervous system may injuriously affect the fœtus still lodged in her womb, actually a part of

herself, and deriving its supply of life from her blood." (Montgomery, *Obst. Essays*, p. 34.) The cases which I have already quoted from this writer show what are these injurious effects.

The names of men eminent in science who entertain the above views might be added in large numbers, but my space will not permit. It is but just to say that the opposite opinions are held by a large number of learned observers, so that there remains no sufficient reason for either party to bandy epithets as Dr. Eberle has done.

The following propositions in relation to the matter in controversy, which I believe to be true, contain about all that is known:

First. That there is a great increase in the excitability and impressibility of the nervous system of females during pregnancy, and that the health and safety of both the mother and child demand that she should as far as possible be removed from all sources of mental excitement and disquiet.

Second. That the normal health and development of the fœtus may be interrupted and deformities in its growth produced by powerful impressions made upon the mind of the mother during the early months of gestation.

Third. That imbecility, mania, and other diseases and infirmities of the nervous system, some times owe their origin in the child to the mental state of the mother during gestation.

Fourth. That the deformity or other disability of the child some times resemble in kind and degree the form and intensity of the image in the mother's mind.

Fifth. That deformed children are some times born when the state of the mother gave no reason to expect it, and conversely, when the mental condition has given great uneasiness and fear for the safety of the child, it has not always been correspondingly marked or deformed.

Sixth. That our present knowledge is insufficient to explain the *modus operandi* of these physical influences upon the fœtus.

ART. II.—*Congenital Malformations.*

By G. A. DUZAN, Zionsville, Ind.

An article appeared in the June number of the *Lancet* on congenital abnormalities, which proved to be the *causa conjuncta* of an attack of *cacoethes scribendi*, in the person of Dr. E. Mendenhall, the symptoms of which appear in the October number of the same journal. Dr. Mendenhall seems to have expended his whole force of sound philosophy and forcible logic (?) on the *author* instead of the *article*. In his erudite, literary, and scientific effusion, the gentleman ventured to express some advisory suggestions, for which gratitude is returned by the individual for whom the favor was intended proportionate to a *proper* appreciation of the advice so gratuitously and courteously offered. Dr. Mendenhall seems to be infatuated by the idea that the image of a cat "with its bowels hanging out and head shot away or covered with blood," being "impressed on the sensorium commune of a highly sensitive and susceptible subject," about the sixth week of pregnancy, will so alter the cell-genesis of the foetus *in utero* as to develop therefrom "a cat or horned owl." But if an interpretation of the strange phenomenon is solicited, the solicitor at once becomes an "egotistical pedagogue," an impertinent jackanapes, if nothing worse. Such a mode of argumentation is certainly very *forcible* if not *elegant* and *convincing*, and strongly evinces a large element of pedantry in the mind of the person who resorts to it. According to Dr. Mendenhall's philosophy and logic (?) the "monstrous birth" reported was the product of transmutation of a *human* foetus into a *feline* foetus, from which was developed *in utero* and expelled therefrom—a cat! This transmutation was effected, as the gentleman avers, by the image of a cat "with its bowels hanging out and head shot away or covered with blood" being impressed on the "sensorium commune" of the mother about the sixth week of pregnancy. Now to effect this transmutation of one genus into another, the vital dynamics and formative force which belong peculiarly to the human foetus and determine its differentia must be abolished or suspended, and the vital dynamics which determine the development of a cat must be substituted, a phenomenon the contemplation of which is as hideous and repugnant to

our feelings as the theory of Pythagoras concerning the transmigration of the human soul. Fortunately such phenomena occur only in the imagination of Dr. Mendenhall, and the womb of woman obedient to the prim ordial and immutable edict of nature, "each after his kind," has and *ever will* bring forth fruit the genus of which is immutably the same. In accordance with the logic (?) of Dr. Mendenhall a "highly sensitive and susceptible" female about the sixth week of pregnancy beholds a cat with its "head shot away or covered with blood," and *immediately* the generic force and histo-genesis peculiar to the human foetus is abolished. The peculiarities of form and feature which were inherent to the ovaric germ and those peculiarities of form and feature transmitted by the male parent and impressed at the instant of fecundation are all effaced, and the genus of the fruit of the womb is changed. Labor comes on in due time, and the object of labor is expelled. To the astonishment of the doctor it proves to be a "cat or horned owl." To this day the doctor is not absolutely certain whether the object expelled was a *cat* or whether it was a *horned owl*. Again, a "highly sensitive and susceptible subject," about the sixth week of utero-gestation may desire a particular kind of food, and failing to obtain it, some invisible and mysterious artistic agent is at once employed in *engraving an image of the object desired on the surface of the fetal body*. If the notions of Dr. Mendenhall be not as the "baseless fabric of a dream," there must be residing some where within the maternal organism an invisible, mysterious and unknown artistic power capable of giving to images impressed on the "sensorium commune" a *material form and existence in the womb*. If such power exists its anatomical seat and functional capabilities are unknown, and its existence must be clearly demonstrated before the superstitious notion so fondly cherished by Dr. Mendenhall is accepted as "physiological verity." There is an opportunity for the gentleman to elevate and place himself upon an immortal pedestal by discovering and interpreting this peculiar power.

According to Virchow no development of any kind can arise spontaneously. But all developments, whether they be normal or pathological, of individual parts or entire organisms, can *spring only from a cell or cells*, and there is such a law of *continuous development* that a single cell can not give rise to a *new* series of developmental forms. Now the question arises, can an image impressed

on the "sensorium commune of a highly sensitive and susceptible subject" about the sixth week of pregnancy create a cell or cells within the foetus, from which new and abnormal developments spring? Just here it will not be irrelevant to the subject to give the views of Virchow as expressed in his work on *Cellular Pathology*, p. 54, in the following language: "Even in pathology we can now go so far as to establish as a general principle *that no development of any kind begins de novo.* * * * Just as little as we can now admit that a tænia can arise out of saburral mucus, or that out of the residue of the decomposition of animal or vegetable matter an infusorial animalcule, a fungus, or an alga, can be formed, equally little are we disposed to concede, either in physiological or pathological histology, that a new cell can build itself up out of any non-cellular substance. Where a cell arises there a cell must have previously existed (*omnis cellula e cellula*), just as an animal can spring only from an animal, a plant only from a plant."

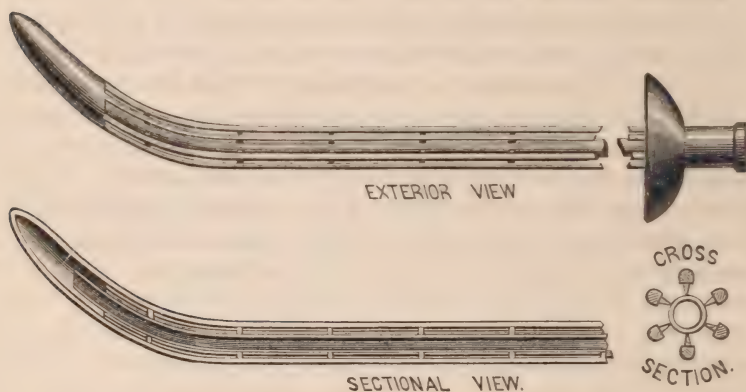
That the physical condition of the mother may cause defective or excessive cell proliferation, and thus give rise to abnormal development is easily comprehended. But that an impression made on the maternal mind can change the generic force of the ovaric germ is not demonstrable, and would, if true, destroy the harmony of the eternal laws of *continuous development* which enables each genus and species to maintain its kind as *pure* and free from *admixture* as when it issued from the hands of its Creator.

ART. III.—*A new Instrument for Chronic Urethritis.*

By G. R. PATTON, M. D., Cincinnati.

Chronic urethral discharge is proverbially annoying and unsatisfactory to treat. No more convincing evidence need be adduced than the diversity of its treatment. Local measures are, in the great majority of cases, the best, combined, if requisite, with the ordinary systemic tonics. If the disease is caused or maintained by renal or vesical irritation, the gouty, rheumatic or scrofulous diathesis, these states will at the same time require attention. I do not regard the so-called specifics peculiarly curative of this

condition as in gonorrhœa proper; and, indeed, the general depression which now usually possesses our patient, due to the mental disquietude of long suffering and the digestive disorder attendant upon the already long continued disgusting remedies, renders their withdrawal desirable. That copaiba and cubeba are hurtful rather than curative in some urethral states may not be questioned. The principal local methods are the bougie and injections. The rationale of cure being about the same with both, viz: distension, stimulation and a more or less thorough application of the various agents employed therewith. These ends, one would suppose, might be better attained by injections alone, but the difficulty seems always to have been a want of due thoroughness, precision or certainty in their application. By this instrument, which I have devised, this *desideratum* may, I think, be accomplished.



Description.—The cut should have represented the fenestræ as extending 3-16 of an inch higher up on the inferior aspect of the instrument. The length is $8\frac{1}{2}$ inches, size that of a No. 8 catheter; the sub-pubic curve, an arc of a circle, $1\frac{5}{8}$ inches long; the circle $3\frac{1}{4}$ inches in diameter. The circumference of the shield is notched at a point parallel with the extremity, as a guide in its introduction. At intervals of half an inch, as shown in the double size cross-section, delicate silver points extend from the silver rods to the central canula, keeping in position and giving firmness to the outer portion, and maintaining the inside tube in position. The instrument is composed of two canulæ, the outer one fenestrated to within $\frac{1}{2}$ an inch of its curved extremity; this is hol-

low and closed except in the direction of entrance of the smaller tube. The inner tube is drawn exceedingly thin, permitting as much water to pass through it as a No. 4 catheter, and passes through the axis of the larger tube, and 1-16 of an inch within its capped extremity. There are no attachments between the tubes at the point where the smaller enters the capped extremity of the larger one, nor within it, so that any fluid entering the conical space, through the inner tube, becomes recurrent through the unobstructed space intervening between the outer and inner tube, and thus reaching the fenestræ and urethra, finally emerges at the meatus.

The position of the patient during its introduction and use may be either upon his feet, the body being well bent forward upon the thighs, or reclining upon his side on the edge of a lounge in a flexed position. It should, as a rule, be introduced so as to engage the membranous portion of the urethra; though it will not be a difficult matter for the intelligent surgeon to locate the seat or origin of the discharge and proceed at once to the right point.

Treatment of the prostatic part of the urethra in gleet proper will seldom be required. Discharge here is, in nearly all instances, from chronic inflammation or relaxation of the prostate, oftener the result of other causes than gonorrhœa; its ducts secreting a small quantity of muco-pus, keeping up a constant thin discharge into the urethra, exceedingly difficult to cure often times by any plan of treatment, nearly all the recent authorities recommending here general, in preference to local, measures, though, in any case in which local applications may be considered advantageous, this simple device—its curve being a little lengthened—will afford the readiest way of applying them.

Some of its merits are: the facility with which a large quantity of water may be passed through any or every part of the urethra, *flushing* it out with a full and rapid stream, thereby thoroughly distending and cleansing it *from the deeper seated parts in the direction of the meatus*, thus avoiding the risk apprehended by some from the ordinary syringe, of stricture, swelled testicle, and of carrying, or forcing inoculable matter down into the deeper portions of the canal. That the last is possible in ordinary gonorrhœa by the common method, may be made apparent to any one by inspecting clear water, after having been washed through the urethra by this canula even immediately after the patient has

urinated. I advert to this, as Prof. Bumstead, while ardently advocating injections in acute and chronic blennorrhagia, states: "It is asserted that the injected fluid carries before it the mucus within the urethra, and thus extends the disease to the deeper portions of the canal. Supposing this possible, in any case it can not take place if the patient pass his water before injecting."

It may be objected to this instrument that its mere introduction may carry the secretion of gleet to healthy parts, but the secretion here is so seldom—probably never—noxious, that the risk may be considered inappreciable, and even in the acute disease, where local applications may be demanded, the benefit would far outweigh the slight risk of further contamination. Again, if the disease be maintained by stricture this catheter will accomplish a double purpose. It can be used with any of the soft-rubber valve syringes (Shepard's or Davidson's patent I prefer), as they afford the delivery of a large, forcible and continuous stream of water, the end of the rubber tubing being slipped directly over the inlet of the instrument. It can be introduced with the same ease and with as little irritation as any catheter. Its withdrawal may, however, be attended with slight pinching of the mucous membrane if there is much thickening of the sub-mucous connective tissue, or contraction of the canal, but this can be completely overcome by keeping the syringe in vigorous action while withdrawing it, partly by the lubricant action of the water, and in part by its distension of the urethral walls. While using the instrument thoroughness will be subserved by gently turning, or rather rolling it between the fingers, a very little upon its axis, from side to side. Before employing a medicated solution of any kind the passage should be well washed out from the desired depth by passing through it at least a pint of warm water, either plain or containing a little soap. Soaping the water is often advantageous by gently stimulating the canal and dissolving away, more thoroughly, the secretions. After this, about half a pint of the chosen solution should be injected with the whole power of the syringe, so that it may fully and completely distend the urethra and be applied to it at the same time. I have found that the thorough cleansing of the canal by the tepid water renders it unnecessary to use solutions of more than one-half the strength usually employed. I rarely have used above one grain of any agent to the ounce of water.

The mere inspection of this simple contrivance will, I presume, suggest its utility in a wide range of urethral cases. A short, straight instrument, No. 12 catheter scale (not figured in the cut), fills the urethra well, and is serviceable in the abortive method and in diseased conditions of the spongy urethra anterior to the bulb. The curved one, however, will answer in all cases. I have, as yet, only used this instrument in chronic urethritis and with very satisfactory results.

These instruments may be obtained of Max Woche, dealer in surgical instruments, Cincinnati, O.

ART. IV.—Case of Davis B. Lawler.—*Amnesia of written language; vertigo; unequal pupils; intermittent and irregular pulse; death; autopsy.*

By ROBERTS BARTHOLOW, M. D., Prof. of Materia Medica and Therapeutics in the Medical College of Ohio, etc.

The case of the late Davis B. Lawler is, in some respects, so remarkable that an account of it can not fail to interest the medical profession. He had, for many years, an intermittent and irregular pulse. During the last two years of his life he presented an example of that peculiar mental defect—*amnesia of written language*.

A *post mortem* examination enabled me to verify the existence of lesions which I had diagnosticated during life.

Not to weary the reader with prolix details I refrain from narrating the almost daily observations made during the fifteen months of my attendance. It will suffice to embrace all the facts under the following heads:

Objective symptoms.

Subjective symptoms.

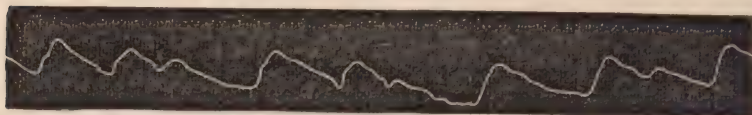
Autopsy.

Objective Symptoms.—Mr. Lawler presents the usual characteristics of advanced age. He is now in his eighty-second year.

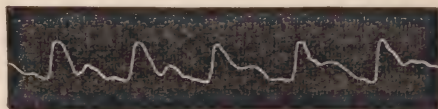
Pupils of unequal size, the left being dilated and motionless. The reflex and accommodative movements of right eye are normal. With the aid of glasses he has no difficulty with near objects;

remote objects he distinguishes as readily as is usual at this period in life. An *arcus senilis* exists in both corneæ. A commencing opacity is detected in the left crystalline lens.

The pulse is exceedingly irregular. It is intermittent, but the interruptions of the pulse-beat are not uniform; a full pulsation is followed by a variable number—from two to five—of very small and quick pulsations, each of which varies from the others in duration and force, and then a pause occurs. The peculiar quality of his pulse is shown in the subjoined sphygmographic trace taken by the sphygmograph of Marey. I made the observation when he was in the erect posture and at a time when he was comparatively free from cerebral disturbance.



It will be perceived, on examination of this tracing, that the *ascent* of the wave is broken, the *summits* irregular, and the *descent* unmarked by the normal diastolic movement. The first wave—on the left hand—is followed by two smaller waves, and an intermission in the beat, and the second by three small waves each differing from the others in amplitude. In order to exhibit the wide departure of this tracing from the normal I append a trace taken from the pulse of Dr. B. C. Ludlow, of this city.



The physical signs are in accord with the sphygmographic trace. A loud double bellows murmur is audible at the base of the heart, and thence propagated in both directions. I therefore diagnose obstruction and regurgitation at the aortic orifice with also mitral insufficiency. The evidences of calcareous degeneration, as furnished by the state of the radial arteries and the *arcus senilis*, indicate that similar changes have taken place in the cardiac valves on the left side. As the irregularity of the pulse has been observed, according to Mrs. Lawler, for more than

twenty years, it does not appear what relation exists between the changes in the valves and the altered rhythm of the heart's movements. It is probable, however, that calcareous degeneration has preceded the irregularity of the pulsations.

The vegetative functions are well performed for this period of life, the nutrition of the body being maintained at a uniform level. He had, however, during my attendance, several severe and alarming attacks of gastro-intestinal disorder. After recovery from these his nutritive forces soon repaired the waste.

The functions of animal life are less energetically performed. His walk is tremulous and ill-assured. In consequence of a cerebral disorder to be presently described, he had often much difficulty in maintaining the vertical station, and he had several severe falls producing serious concussion of the brain. One of these accidents occurred in September, 1867, and was followed by alarming symptoms. He had complete use of his tongue, and articulation until within a few weeks of his death was not impaired. His vocabulary was extensive and rich, especially in unusual words, but names of persons, places and dates frequently escaped him.

Subjective Symptoms.—The most frequent subject of complaint with Mr. Lawler was vertigo. At all times he experienced more or less, but frequently the attacks were so severe as to incapacitate him from any physical or intellectual exertion. When he rose from the bed, or attempted to exercise his mind deeply on any topic, the vertigo came on accompanied by nausea. During these attacks his eyes were suffused, his face congested, and the veins of the forehead swelled.

The vertigo seemed to me to be due to, 1st. the irregular supply of blood to the brain in consequence of the obstruction and regurgitation at the aortic orifice; and, 2d, to a structural alteration of some part of the right hemisphere of the brain, as evidenced by the dilatation and immobility of the left pupil.

For about 40 years Mr. Lawler had suffered from a neuralgic affection, involving the cutaneous nerves, chiefly of the inferior extremities, but sometimes also of the trunk. He described the sensation as a sudden, sharp pain shooting along the limb like an electric shock. In only one instance had decided alterations of nutrition followed the pain in a spot, but the skin of the legs was rather smooth and shining, indicative of partial nutritive changes. The pains were frequent but not constant, coming on usually about

11 A. M. and increasing in intensity toward evening, and subsiding during the night. Although he had consulted physicians in various countries he had not found relief. A wet bandage, which he was in the habit of applying, assuaged the pains somewhat. As Mr. Lawler inherited a strong predisposition to gout it is probable that this neuralgia was gouty in character and origin.

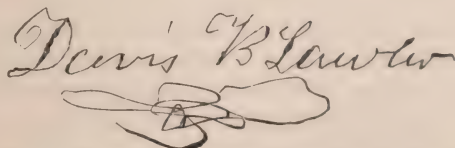
The most interesting feature of the case was the *amnesia of written language*. Mr. Lawler had lost the power to recognize the characters by which we express ideas. This mental defect, as I was informed by Mrs. Lawler, had existed from September, 1867, when Mr. Lawler, in falling, had suffered a severe concussion of the brain.

Since some of my readers may not be familiar with this peculiar condition of the mental faculties, it may be proper to enter somewhat more into details. Under the term *aphasia*—a word proposed by Trousseau—is included loss of the faculty of articulate, written and sign language. A man suffering under this disease, although in a mental condition to think—to have ideas—and to appreciate the conditions surrounding him, is unable to communicate his ideas to others. In other words, his memory for the signs by which we communicate ideas, is obliterated. Now, this condition, when it includes all the modes of expression, is denominated *aphasia*. But it may exist in a partial degree. Thus a man may have lost his memory for words, and yet be able to communicate his ideas by signs; or, he may retain his memory for words and lose his memory for the written and printed characters, in which words are expressed. This latter constitutes *amnesia of written language*; the term *amnesia* meaning, of course, loss of memory.

This mental defect—aphasia or amnesia—has been most commonly associated with disease on the left side of the brain. Gall, as is well known, had located the faculty of language in the anterior lobes of the brain. Drs. Dax, father and son, governed by pathological experience, had, curiously enough, fixed the position of this faculty in the left anterior lobe; and Dr. Paul Broca, also influenced by pathological observations, restricted its limits to the third left frontal convolution and the island of Reil. Aphasia is most commonly associated with right hemiplegia. In the experience of Dr. Hughlings Jackson, of London, this relation always exists. That the brain, a symmetrical organ, should have so

important a faculty as the memory for the words and characters by which we express ideas, situated upon one side only, is a curious circumstance, but not without analogies in other faculties. Mr. Moxon, in the *British and Foreign Medico-Chirurgical Review* for April, 1866, explains this departure from the law of bilateral symmetry in the organs of relation thus: "One side of the brain operates immediately: the other consensually in all symmetrical movements."

Mr. Lawler presented an example of that limited degree of aphasia—loss of the faculty of written or printed language. That it depended upon disease in some portion of the left hemisphere was indicated by the dilatation and immobility of the left pupil. The autopsy revealed the seat and character of the lesion. Mr. Lawler could see the written or printed characters, but they conveyed no information to his mind. So great was his distress at being unable to read that I suggested to Mrs. Lawler that an effort be made to teach him the characters anew, and for a time he laboriously studied a child's primer with this object. What is still more singular, he could perform the automatic act of writing correctly enough. He was in the habit of writing directions upon his slate in regard of business transactions, but he was unable subsequently to read the writing. He could, indeed, immediately after writing, and while the subject matter was fresh in his mind, tell what he had written, but he could not read the characters. This peculiarity may be illustrated by an occurrence which happened under my own observation. One day as I sat by his bed a check was brought to him to be indorsed. He put on his spectacles and wrote his name on the check in his usual manner. Handing it to me he said, "Doctor, is that my signature? I see that I have written something, but I can not read it." I am able to give below a *fac simile* of this signature:

A handwritten signature in cursive script that reads "Davis B. Lawler". The signature is written in dark ink on a light background. Below the name, there is a large, decorative flourish consisting of several loops and a long horizontal stroke that extends to the right.

It was a great grief to Mr. Lawler to be thus bereft of so important a faculty. He constantly bemoaned his unfortunate mental condition, and looked forward with gloomy forebodings to the com-

plete loss of his intellectual powers. He possessed by nature superior mental gifts, and they were enriched by travel, by reading and by reflection. The comparison of his present enfeebled mental state with his former intellectual activity greatly embittered his last days.

Autopsy.—I omit all details not necessary to explain the symptoms observed during life. Beside the general condition due to age, the changes of structure found were in the circulatory system and in the brain. Most extensive calcareous degeneration existed throughout the arterial system. The aorta was hard, brittle, and chalky in color, and large calcareous plates could be detached from its serous lining. The semilunar valves of the aorta were extensively calcified, and the aortic orifice so narrowed that the little finger could be just pushed through. The *chordæ tendineæ* of the mitral valve had also undergone calcareous degeneration, and portions of the valves likewise. The walls of the left ventricle were somewhat hypertrophied.

The basilar artery, the arteries of the circle of Willis, the middle and anterior cerebrals, were thick, hard, white and chalky. The basilar artery was of the size of a goose quill. All of these arteries had varicose dilatations, a condition of things which extended to the smaller arteries of the brain, so far as I examined them.

There was a small amount of serum in the arachnoid spaces. The convolutions of the brain were remarkable for their depth and complexity. No alteration could be found in the third convolution of the left side, in the island of Reil or neighboring parts, except the same alterations in the arteries which existed throughout the brain. Section of the hemispheres disclosed no lesions of the central white matter, or of the cortical periphery. The right lateral ventricle contained a small amount of clear serum. The left was distended with fluid, its posterior cornu being much enlarged, occupying most of the posterior lobe, which was hollowed out to contain the fluid. A very thin stratum of cerebral matter, consequently, was interposed between the tentorium and this cavity. The serous lining of the enlarged left ventricle was opaque and thickened. Attached to the left choroid plexus, and firmly wedged against it in its descent through the middle cornu of the ventricle, was a globular calcareous mass, a half-inch in its transverse diameter. This calcareous mass, by compression of the vessels of the

choroid plexus, interrupted the return of blood from this part of the brain, thus causing the effusion above described. As a part of the choroid plexus was dragged down, the anterior portion being kept tense, it is rendered evident that at some previous time the calcareous mass had occupied a different position. The history of the case indicates that the mass was dislodged and falling down into the middle cornu compressed the choroid plexus at the time when Mr. Lawler suffered the severe fall and concussion of the brain, which was followed by amnesia of written language. I do not claim for this opinion anything more than that it is a plausible conjecture.

The reader will doubtless observe that this case is an exception to the mass of observations which have been reported locating the lesion of aphasia in the third left frontal convolution and the island of Reil. It is certainly true that other exceptional cases have been reported; but the rule is, nevertheless, that amnesia of spoken or written language is associated with lesion of the left hemisphere of the brain. Few cases have been reported in which aphasia depended on lésion of the *right* side of the brain. Mr. Lawler's case then conforms to the general rule; but it demonstrates, so far as one case can, that the posterior lobe of the brain takes part in the important intellectual operations of speech and of written language.

Translations.

Lectures of Prof. Oppolzer, Vienna. Stenocardia.

Translated by JAS. T. WHITTAKER, M. D., Cincinnati.

Synonyms.—Neuralgia cardiaca, angina pectoris, hyperæsthesia plexus cardiaci, brustbräune, herzklemme.

By this disease is understood an extremely violent pain extending from the cardiac region, where it originates, out under the sternum, radiating very often into the left upper extremity, and also in other directions, and attended with a feeling of greatest anxiety, "approaching death."

Heberden was the first to describe this disease accurately and to display its nervous character. What nerves of the cardiac plexus are affected, however, still excites a diversity of opinion among authors; in all probability all the nerves entering in its composition participate. In favor of this view speaks the fact that in stenocardia disturbances of nerve force occur both in the motor and sensitive spheres, as evidenced in the former by the abnormal activity of the heart, and in the latter by the violent pain. Romberg denotes stenocardia as a hyperæsthesia of the cardiac plexus. Bouillard as a neuralgia of the phrenic nerve. Heberden as a cramp of the heart, etc.

Etiology and Pathological Anatomy.—If we are so far in the light with the entity of stenocardia that we may regard it as a nervous disorder, for which its sudden and paroxysmal appearance and disappearance speaks, we are still in obscurity as to its first cause. So much is certain, that it attacks generally a riper age, and unequally oftener the male than the female sex, and that in by far the great majority of cases a valvular disease of the heart, namely, of the aortic valves, is concomitant. There may be consequently a certain connection between stenocardia and valvular disease. Not seldom the autopsy has revealed an ossification of the cardiac arteries, and upon this Home, Parry, Lussana, and Friedreich, have laid great stress, or an atheromatous affection of the heart, generally the aorta, an aneurism of the latter, or a cicatricial formation in the heart, an adhesion with the pericardium, fatty or lardaceous degeneration of the cardiac tissue; in short, circumstances which implied a tension or other irritation of the cardiac plexus, or the ganglions imbedded in the heart's substance, and in all these manners has the origin of the stenocardic attacks found an explanation.

On the other hand conditions have been found on section where anatomy was unable to detect the slightest abnormality; and yet during life a stenocardia was present in high degree. Gout is also considered an etiologiological circumstance by many, which seems indeed in individual cases justifiable. Finally, there remains still to mention the so-called reflex stenocardia, wherein there is no disease of the heart or its adnexa, but some affection of an organ far removed therefrom. So the occurrence of this disease is occasionally remarked with affections of the uterus, the kidneys, liver, or stomach, etc., the stenocardic attacks clearly emanating from

disease of one of the organs mentioned and terminating with their cure. A few such cases have occurred here in connection with catarrh of the stomach, and a proper treatment for this malady has been equally efficacious in removing the accompanying stenocardia.

Symptoms.—Stenocardia occurs, as already mentioned, in paroxysms, with intervals of variable duration perfectly free from pain. The attacks occur either during the hours of occupation, or so to speak, spontaneously in the night during sleep, or after meals.

The paroxysm may be recognized by the following characteristics: sudden and extremely violent pains are felt in the substernal region, generally exactly corresponding to the cardiac region, and as already partly intimated, radiating, in the rule, into the left, but often also into the right arm and in the maxillary region, in rare cases finally extending down into both lower extremities. The pains in their quality are either burning or lancinating, and are generally attended with a high degree of oppression, a feeling as if the thorax was laden with a heavy burden. Great compression exists, the patient is compelled to observe the greatest possible rest, the face is pale, seldomer cyanotic, sunken, covered with cold perspiration and bears an expression of greatest anxiety. The heart's activity during the attack in the majority of cases is extremely tumultuous and violent, so that the thorax is forcibly shaken, the impulse at the apex is far more extensive, and on auscultation nothing can be observed of the sounds or accidental murmurs present, only simply the clinking stroke of the organ on the parieties of the chest. The pulse at the same time observes no relation to this vehement activity, remaining small, even scarcely palpable, which circumstance may find its explanation in the fact that in consequence of the violent action of the walls of the heart the proper filling of its cavity and the propulsion of the pulse wave is hindered. The pulse is besides very often also irregular and intermittent. Finally it occurs quite often that in spite of an increased frequency of the cardiac contractions the impulse remains remarkably feeble and limited to a small area; this is the case when the heart is in the condition of fatty degeneration, or an extensive adhesion with the pericardium is present.

The condition of respiration during a stenocardic attack is well worth mention. This in most cases is short, violent and whistling,

although a quiet deep inspiration can be executed without much effort; this dyspnœa must therefore, as Heberden has justly observed, be only regarded as a result of the feeling of great anxiety.

Only exceptionally are the patients able to observe a dorsal decubitus; in the rule they are compelled to sit or stand, very often grasping any firm objects in their vicinity. They hasten also not seldom to the window when the attack occurs in a room and seek in this manner satisfaction for the feeling of hunger for air. Toward the close of the attack evacuations occur, or even vomiting, escape of intestinal gases, discharge of feces and evacuation of urine of a water-like clarity. The duration of an attack varies from one minute to half an hour. After the attack a feeling of debility and depression remains for a time, a disturbance of the disposition, and in many cases also a dull pain in the chest or shoulder, attended in the arm with a feeling of debility or slight anæsthesia.

Diagnosis.—The diagnosis of stenocardia presents generally but little difficulty. The chief symptoms which characterize the disease are the substernal pains, their radiation toward the shoulder, the neck, and the arms to the elbows, or often even to the fingers; further, the extreme feeling of anxiety and the sense of respiratory oppression. Stenocardia might be confounded with the asthmatic attacks following pulmonary disease; a more accurate examination, however, would soon dissipate such an error. Even so, a proper knowledge would forbid a mistaken diagnosis in the cases of the hysterical asthma of females, or the asthma of hypochondriasis. From simple nervous palpitations, hyperkinesis cordis, stenocardia may be differentiated by the absence in the former of the substernal pains and their radiations, as well as of the feeling of "approaching death," with its attendant thoracic oppression.

Prognosis.—The prognosis of this disease is a varied one. Should a demonstrable alteration in the heart or the vascular system (atheromatous disease) lie at its basis, the prognosis is unfavorable; and in those cases especially where the attacks occur after short intervals, and display an increase in their intensity. The danger then consists in the facts that a sudden death may occur during the paroxysm, or the patient may become marasmic and die of debility. When no organic disease exists, however, when the paroxysms are not particularly intense, and the intervals are longer, then is

the prognosis not unfavorable, as the malady in such cases may exist for many years and not bring the patient into much danger. Unfortunately our experience compels us to reckon the cases of stenocardia without demonstrable lesions among the exceptions. Favorable is the prognosis finally when the disease is of reflex origin, if the affection of the organ inducing it be amenable to treatment.

Therapy.—The therapy is divided into that of the attack and that of the interval.

During attack.—Above all things is the greatest possible rest to be observed, which however is generally the case, as every motion increases the difficulty. If the heart's action be very much increased, administer a dose of opium $\frac{1}{2}$ gr. or its preparations, morph. acet. $\frac{1}{8}$ $\frac{1}{4}$ $\frac{1}{2}$ gr., to which also gr. j-ij quin. sulph. may with advantage be added. Digitalis is not among the favorite remedies, since small doses are powerless in relief and larger doses, with the exhaustion of the cardiac nerves already to be feared in consequence of the enormously increased activity, might easily induce a paralysis of the organ. Besides we may attempt a counter-irritation with exciting clysters, mustard plasters, etc., tepid maniluvia and pediluvia, to which a handful of farina seminum sinapis may advantageously be added, and ice applications may be laid over the precordia to quiet the excited action. When the sense of oppression is very severe chloroform inhalations may finally be attempted, but always with the greatest caution, and never to the extent of loss of consciousness.

Should symptoms occur during a stenocardic attack which intimate great feebleness of the cardiac action, or should the paroxysm excite fainting or other evidences of debility, an excitant treatment must be introduced. Wine, acetic or sulphuric ether, alone or with camphor (R. æth. acet. \mathfrak{z} i; camphor gr. iij; s. gtt viij in dessert spoon of water), liquor ammon. anisat., liquor cornu cervi succinat., warm envelopments to the cold hands and feet, frictions of the forehead and temple with eau de cologne, etc. In those cases where appearances of death exist, reanimative efforts are to be undertaken and persevered in with patience, since conditions of apparent death, according to experience, do not belong to the rarities.

During interval.—When the paroxysms have displayed anything of a periodicity, quinine stands at the head of all remedies for com-

mencing the attack, and in those cases, too, wherein the paroxysms display no typical return, quinine is still to be employed, and resort is only to be had to other remedies when this has failed; other remedies recommended are the different preparations of zinc, cuprum ammon, nitras argenti, or the tr. arsenic Fowleri; argentum, however, only to be employed when all other remedies have failed, as a *dernier ressort*, on account of its occasional evil effects. A case occurred here wherein a patient affected with psoriasis was subjected to arsenical treatment for several months, the consequence of which was that a paralysis of all four extremities occurred and remained defiant of all remedies until death. Symptoms of chlorosis or anæmia indicate a roborant treatment, and here the iron remedies play an important role. In general the therapy of this disease calls always for a regard of its exciting cause, which is especially to be sought out in the so-called reflex forms.

Besides the proper medication, certain rules of caution are to be recommended. Patient must refrain from all excesses and from exciting drinks; he shall abstain from hot food, the ingesta to be nutritious and easily digestible; mental excitement strongly forbidden. He shall remain in-doors in bad, particularly windy, weather; when the circumstances admit it he is to be sent to a climate without extremes. The grape cure exercises not rarely an alleviating influence, particularly when the malady is not too severe; the regular cold water cures, on the other hand, are not to be recommended, while simple cold washings or even cold baths are permissible and beneficial; swimming, however, is most decidedly to be forbidden.

The Therapeutics of Emphysema in Children. By Dr. A. Stetteffen in Stetten.

[Continued from the October Lancet and Observer.]

Translated from the German by DR. THOS. C. HENRY, Cincinnati, O.

The direct management of emphysema is only applicable to cases in which, by cessation of the primary diseases, or by the existing condition of what remains of the affection alluded to, is yet persistent and menacing. One can only keep in view by strenu-

ous exertion the condition of the respiration, more particularly the state of the expiration through the obstructed capillaries, endeavoring to facilitate the normal action—the elasticity of their walls in order to restore to a natural action, so that the circulation of the blood through the minute pulmonary vessels may be fully restored. Graily Hewitt employs repeated employment of sinapis and rubefacient embrocations to the surface of the chest.

A systematic gymnastic exercise of the chest muscles is advisable, with the view of inducing a fuller expiration. These exercises will serve the purpose in the case of children not too young. The special results attendant upon this kind of treatment have not yet been fully recorded.

The employment of compressed air is of great use. A case in hand of *Vive nôt* is published.

Up to the present time no other cases have come to hand in which the foregoing means have been in use. Though it is reasonable to conclude much good might be accomplished thus. So far nothing of consequence has been done with the employment of electricity. Special Faradization to act upon the phrenic nerves, stimulating the diaphragm to contraction. A lately reported evidently successful result of the adoption of this measure would seem to promise well. Besides, other measures should be employed internally. The exhibition of strychnia or *nux vomica* could not fail of proving useful. One would reasonably conclude this agent would be of use. All other measures exhibited and adopted for the removal of emphysema have been not directly applicable, but connected with concurrent bronchitis. To this class of agents appertain vesicants in the case of older children, cold to the head, expectorants, emetics. Little indeed can be effected in our list of remedial agents for emphysema. First of all it stands us in hand to treat the primary disease causing it. The main trouble with emphysema is the causation of insufficiency of respiration and persistent hyperemia, as most prominent. The first condition is due to the position of the affection in the upper portion of the chest. For this breathing of tempered air, warm and moist, is an important measure to adopt. Local hyperemia arises from reflex action, causing irregular movements and extreme restlessness. For this use sinapisms, cold poultices to the chest, or alternate warm and cold, renewing rapidly in the case of feeble children. With older and more vigorous children, shower baths. Vesicants are here

unsuitable, causing too much pain and thereby debilitating, and are properly abstained from. Usually, by the adoption of the above measures, a more ready action of respiration being induced. Conjointly we may employ externally liquid ammonia; internally musk, aniseed, camphor, benzoin, strong wine, these latter to relieve the cyanosis; in cases of necessity, emetics, having a special action upon the skin. The hyperemia in young children is often excessive, producing often augmented emphysema and effusion of the ventricle of the brain. This occurs through impediment to the course of the blood through the lungs, disturbing the circulation of the heart and causing it to act impetuously in its effort to control circulation, the blood being thrown back to the heart with violence. Here employ hot baths, with frequent cold aspersions every second hour; and in cases of exigency every hour, internally, anti-spasmodics and strong wine. It is by means of defective decarbonation of the blood, that induces an extreme condition of emphysema, some times persistent, and greatly interfering with the vital powers. It can not be too strongly urged in these extreme cases to exhibit sufficiently nutritious diet. The powers of life are so prone to fail, laboring under these extreme embarrassments, loss of strength must supervene rapidly, the functions of the lungs fail, there being an excessive amount of hyperemia, the heart paralyzed. Vigorous dry friction, blood-letting in some rare cases in the more vigorous children, this in extreme cases only, and where there is apparent a great amount of oppression and suffering in the præcordial region, which in full habits some times exist. There are some times other complications, remarkable wasting of the body, marked laxity of the bowels, dropsical effusions. One is advised to take note of the gradual wasting of the system. There may be indications for diuretic treatment, or for diaphoretic, but the strength of the patient must be kept up if possible.

A very important sequence is secondary catarrh, with mucous secretions from the bronchia, where hyperemia is existent, obstructed circulation, but a small amount of blood in the pulmonary vessel. For diminishing this catarrh various expectorants are to be exhibited; mineral water of nauseating tendencies, inhalations of solutions of cooking salt, solutions containing an equal proportion of damp air. Urgent cases may take stronger emetics, still with some an augmentation of emphysema would be produced

by violent emetics. As the catarrh is developed fever supervenes. So goes the course of bronchitis. Disease with more protracted existence of emphysema, or stationary emphysema, has its time during which no trace of bronchitis catarrh is discoverable. But the previous tendency is yet a subject of another importance of the disease to guard against, is taking cold. One must be guarded with respect to the respiration of air—breathing cold, damp air—let the patient be protected with winter woolen underclothing.

Interlobular and subpleural emphysema detract from the diagnosis as well as the treatment.

The therapeutics of mediastinal emphysema is of no importance with lung emphysema conjointly occurring. Pneumatothorax with subpleural emphysema defies every mode of treatment, because in an unexpected moment death occurs from sudden dyspnœa.

Speedy thoracocentesis supervenes, the events perhaps retarded by circumstances in relation to it. Some times the issue is propitious. In most cases the disease is too far gone. When one wavers and shows restlessness and twitching, irregular turning here and there, like partial paralysis, the disease is likely to terminate unfavorably. In some rare cases where the air has extended to the cellular tissue of the base of the lungs, and not to the mediastinum, but between the walls of the chest and costal pleura adjoining and hereby evidently effecting junction in appearance like pneumathorax, Bouehut advises also a puncture to be made to let out the air, and the tube of a trochar introduced for letting out the pus, dry cupping and an opening made with a knife.

There is scarcely a disease incident to older children which one has already seen may be complicated with emphysema, that it is impossible with therapeutics to remove the varied complications. In all cases must the basis be removed; this by persistence in all cases. The augmented emphysema makes the indication and is injurious, as it impairs the strength most evidently, and therefore every complication which seizes upon the weakened body must be removed as speedily as possible.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

W. W. DAWSON, M. D., PRESIDENT.

J. C. MACKENZIE, M. D., SECRETARY.

Materia Medica and Therapeutics.

Dr. E. B. Stevens, from the committee, made the following report:

Quite a number of new medical agents have been recently presented to professional attention and are undergoing their ordeal. These, however, more properly pertain to the Committee on New Remedies, and for the most part have already been presented to the Academy by that committee, or through valuable papers by individual fellows of the academy. It has therefore appeared to your Committee on *Materia Medica* that some review of the advantages of peculiar modes of *administration* of remedies, rather than any consideration of the properties of remedies themselves, would be of interest.

The recent researches of Pharmacy have peculiarly contributed to the character of our medical agents so that while our estimate of the value of the agents themselves is not changed in their therapeutic properties or uses, yet, a large list of crude and repulsive medicines have become elegant and agreeable for administration. While we congratulate ourselves upon this improvement in our therapeutic resources, your committee does not purpose, at present, to repeat details already well known to practical physicians in these respects.

More recently the attention of the profession has been directed to the introduction of medicines into the system by *subcutaneous injection*, and by the *inhalation* of vapors and *atomized fluids*. We propose, on this occasion, to call your attention to these heads more particularly, not with any wish to appear original in our suggestions, but with the hope to condense from a large amount of

journal and monographic matter, what is the real status of these modes, and what may thus far be regarded as their peculiar value and application. First, then,

Inhalations.—In a general way, but not as a reliable plan of medication, the influence of vapors have been resorted to almost “from time immemorial,” and although there is a sort of ill-defined idea that inhalations are peculiarly adapted to the local treatment of pulmonary affections, there is no doubt but this avenue affords a very important means of efficient constitutional treatment. Many agents placed in a condition of vapor are peculiarly fitted for absorption, and therefore for securing with promptness their most ready and characteristic effects. Prominent among these constitutional effects are those resulting from the inhalation of mercurial vapors—vapors of lead—and perhaps some other well known articles, from which we have results both of a pathological and therapeutical sort.

For the most part, however, at present, little is attempted with this sort of medication beyond the supposed better management of affections of the throat and lungs. Of the agents thus employed, *heat* alone is important, and especially in the treatment of acute affections good results follow the inhalation of the vapor of hot water, which indeed affords *heat and moisture* at the same time. In addition to this element we frequently find it desirable to incorporate various stimulating and anodyne agents. Thus, an acute hoarseness or partial aphonia will oftentimes readily yield to the inhalation of hot *camphorated* steam, which is readily obtained by adding a dose of the official *spts. camphor* to a close vessel with hot water, and provision for breathing the escaping steam.

For conditions of the throat and lungs of a more chronic character other medicated vapors have been found of value. Some cases of aphonia yield with readiness to inhalations of chlorine, iodine, etc., while various irritable states are at least rendered comfortable by vapors of hyosciamus, conium, stramonium, etc.

The influence of certain vapors—as nitrate of potash—over spasmodic asthma, is well known, as well as the control of a variety of spasmodic affections, preferably by various inhalations, all of which is noticed now rather to call attention to this special avenue than for the supposed novelty.

The only interesting modification in the idea of treating dis-

eases by inhalation consists in the recent introduction of *atomized* or *nebulized* fluids as a substitute for *vaporized* substances. There are no fresh suggestions in this plan of therapeutics as to the ends to be accomplished, or the indications to be met, but the range of medicines is considerably increased, because we more readily atomize substances than vaporize them; indeed, all substances capable of *solution* may be placed in a state proper for inhalation by the various ingenious^d and well known contrivances of which the atomizing tubes of Siegel constitute the essential feature. The spray thrown off by these apparatus is perhaps not quite so completely taken up into the lung structure in the act of respiration as by the inhalation of vapors, but it is sufficiently so for a variety of important purposes. We think, however, there is a mistaken disposition to employ atomized spray and vaporized medicines for the topical treatment of local diseases which may be quite as well, if not better, treated by other means. For example, local affections of the throat and upper portion of the air passages, may be reached so readily and thoroughly by the direct modes, and specially by the aid of the laryngoscope, as to afford all needed facility of access to such diseased structures.

Chloroform and other anæsthetics are, of course, usually administered by various modes of inhalation, and some of the most approved of these have had reference to controlling the amount of the anæsthetic presented at any given period. My friend, Prof. Taylor, describes a mode employed abroad which, so far as I am aware, has not been in use in this country, and I have not seen any account of it in the journals. A mouth-piece is adapted to the patient's face, into which the chloroform is thrown in the form of spray, by the ordinary spray producer, and a continuous jet of this anæsthetic spray is thus presented for inhalation. This would seem to be a very elegant mode of administration.

Hypodermic Medication.—Various medicines have, for a long time, been introduced to the system by subcutaneous means. Thus, croton oil, veratria and morphia were severally introduced by processes of *inoculation*. Langenbeck wrote a paper in 1856 to show the importance of the immediate subcutaneous tissue as the mechanism for absorption, and that for purposes of a general character the medicine should be carried entirely beneath the cutis and not inoculated merely into the substance of that tissue.

At present we employ for this kind of medication the ingenious

and well known syringe of Dr. Wood, its structure and mode of use being too well known and too generally employed by physicians to make the description proper in this report.

Advantages.—That which is claimed as well established for hypodermic medication, and pretty well demonstrated by the bulk of evidence in the journals, is the *rapidity* of effect, increased *intensity*, greater *certainty*, and greater *uniformity*, to which we may add, under peculiar circumstances, greater *facility* in the administration of a drug.

Most of these claims we are prepared to report favorably upon from personal experience and the accumulation of published facts. In regard to the uniformity of action, however, a few cases have come to our knowledge that should serve to put us on our guard. A very intelligent physician of Zanesville reports a case where, after the continuous employment of tolerated doses of morphia by the hypodermic syringe for some time, he gave a *fractional* dose with rapidly resulting narcotism of an extreme character, requiring great effort to control.

It is also well to bear in mind that some medicines produce very different effects taken into the stomach and introduced by the hypodermic syringe; thus, croton oil, it is said, does not produce catharsis. This probably simply illustrates the fact that there is something in the *local* action of certain drugs which interferes with their absorption, so that we thus fail to secure the constitutional effect of the remedy.

Again, it is of great importance for the very reasons embraced in the *advantages* of this mode of medication to guard the doses. The effect is *rapid*, *intense*, and these results occur with much smaller doses than are deemed safe by the stomach, so that both a *smaller* dose and a more *guarded administration* is to be observed.

The *medicines* which have been administered in this way are chiefly the *narcotics*, but *quinia*, and many other articles capable of being placed in small bulk of solution have been employed.

The *conditions* for which hypodermic medication is resorted to are various, but originally *pain* of a severe or peculiarly obstinate character suggested its employment. But from relief of various forms of *neuralgia* first, we have come to use it in a large range of affections. Thus, from its intensity and rapidity of effect, it was hoped that agents for the relief of tetanus would thus prove more

efficient, and a few cases, with favorable result, were treated with the subcutaneous injection of the calabar bean.

In a case of obstinate hic-cough, associated with paraplegia, I employed atropia by hypodermic syringe, commencing with the 1-60 of a grain and increasing the dose up to 1-40 grain, with success.

The *Practitioner* reports (in different numbers of the current year) several peculiar cases of interest treated by hypodermic injection. One, a permanent contraction of a limb following articular rheumatism, relieved by atropia in 1-16 grain doses. One, a case of hernia not yielding to persistent taxes was speedily reduced after the injection of $\frac{1}{4}$ grain doses morphia. Morbid growths, not readily accessible to the knife or other usual means of extirpation, have been provoked to absorption by the injection into them of appropriate substances. Prof. Lucke, of Berne, has, in this way, successfully treated goitre by injections of small doses of strong tinct. iodine. To these we might cull from the journals duplicate cases for quantity.

To conclude, hypodermic medication becomes of value in chronic cases, especially where ordinarily medication has failed; where the stomach for any reason rejects usual remedies; where, for any reason there is *unwillingness* or *inability* to take medicine by the stomach, as in coma, insanity, etc. But from its intensity of action, its occasional danger and the disturbance of the stomach which is, in many cases, produced, we should, in my judgment, not resort to hypodermic medication indiscriminately, or generally, when satisfactory effects may be obtained by the usual modes; and as for these and other manifest reasons the administration of medicines by the hypodermic method should be under the immediate eye of the attending physician, it would appear gravely improper to make the medication necessary for any particular patient dependent on his presence, other than in the exceptional cases.

DISCUSSION.

Dr. Murphy said that he was very sorry that in the report no allusion had been made to the dangers attending hypodermic medication. Yesterday afternoon he saw a woman whose arm was tender, and skin and subcutaneous connective tissue indurated and hypertrophied from frequent use of the syringe. He could not

understand how any physician could continue the injections until such an effect was produced. Another danger to which no reference had been made in the report is the risk of puncturing a vein and causing thrombosis.

He did not consider that a physician was always, by duty bound, to subdue pain, for a patient might complain of violent pain which might be suppositious, as in hysteria.

A case was referred to in which, for lumbago, an injection of morphine was given subcutaneously with the effect of producing vomiting, which lasted for three days. Instead of treating the pain, the cause of the pain should be ascertained and, if possible, removed. In neuralgia the hypodermic method was by far the best, but in other cases medicines should be given by mouth or by rectum, being more safe and equally effective.

Dr. Patton had had both pleasant and unpleasant experiences with hypodermic injections. He thought that the solutions should be as concentrated as possible in order that the injections might be very small in bulk. They should also be filtered so that no small solid particles be injected. The point of the instrument should be made to pass completely through the skin and into the connective tissue.

He related a case proving the benefit of the inhalation of atomized fluids. A man aged 71, an opium eater, with hemorrhagic diathesis, had been subject to epistaxis from boyhood. In 1860 he was seized with severe epistaxis, which was checked by injections of styptics into anterior nares. Shortly afterward there was a recurrence of the hemorrhage for which the posterior nares were plugged. Four years ago had hemoptysis which subsided under doses of iron, lead and opium. With this hemorrhage there was no irritation or pain, and it was probably from the trachea. Last February the hemoptysis returned and was accompanied with cough, dyspnœa, etc., a solution of persulphate of iron (gtt. x liq. ferri. persulph. ad. ℥i aqua) by inhalation with the atomizer was administered and the bleeding ceased in ten minutes. A few days ago there was a return of the bleeding which was at once checked by the same treatment.

That minute particles reach the terminal air tubes was proved by the fact that they were found in the lungs of colliers and miners. In a phthisical patient in French's clinique, who died

after using an atomized solution of persulphate of iron, the particles of iron were found in the minute air tubes.

Dr. Stevens said, in reply to *Dr. Murphy's* objections, that he could not understand how, with any care on the part of the physician, a vessel could be entered. In regard to the limitation of the use of the hypodermic syringe he quite agreed with *Dr. Murphy*, and had so expressed himself in the paper. It had been his special purpose to regard the hypodermic syringe as an extraordinary means of medication. He certainly had no wish to be understood as the advocate of any indiscriminate use of this measure.

Dr. Thornton did not agree with *Dr. Murphy* in his statement that pain should not always be relieved. He thought that pain, when it is real, should always be subdued if the remedy was not worse than the disease. The objection that there was danger in the use of the hypodermic syringe would also apply to other methods of medication. It was now a recognized mode of treatment and was very beneficial in proper hands. Corrosive sublimate was now used subcutaneously in Europe in the treatment of syphilis; the dose was from 1-32 to 1-12 of a grain.

Dr. Muscroft was of opinion that hypodermic medication was only admissible when the stomach could not be made the avenue.

Two months ago he was called to see a person laboring under symptoms of poisoning by stramonium, red skin, constriction of fauces, dilatation of pupils, etc. He gave an emetic without any benefit. Coma seemed impending and the breathing was stertorous. He then gave a subcutaneous injection of half a syringe of a solution of morphine gr. ij . 3i . The pupils soon became reduced in size and the stertor less marked. Five hours afterward he awoke much better and ultimately recovered.

Dr. Comegys stated that he had employed the hypodermic method with great benefit in cases of pain and adynamia. In the latter cases he had injected gr. i . quinine every hour, the advantages being greater certainty and quickness of action. He said that often in low states absorption from the stomach was slow, while that from subcutaneous tissue was rapid. He had treated cholera morbus with subcutaneous injections of morphine. In ten minutes the cramps and other symptoms ceased and the patients recovered without further treatment. He thought that it would be very beneficial in the first stage of Asiatic cholera. In the passage of renal and biliary calculi relief followed the use of the

syringe in five or ten minutes. In all neuralgias it was by far the best means of giving medicines. He had had occasionally small abscesses form in the seat of puncture, but never more serious results, although he has known of such in the hands of others. Did not think it advisable to give injections three or four times daily.

Dr. W. B. Davis thought that if the patient could swallow, the remedy had better be given by the mouth in cases of adynamia. The only advantage to be derived from hypodermic medication was quickness of action. *Dr. Comegys* had mentioned but one case in which anything but anodynes had been used, and comparatively very few cases had been reported elsewhere in which other remedies had been employed by this method. He regarded the danger in using it as by no means inconsiderable. Many cases had been reported in the academy where injury had followed. Where there is so much risk he thought that there should be hesitation before resorting to it.

Dr. Young said that he had an acquaintance in Munroe, La., who had been treated for intermittent fever with hypodermic injections of quinine in 1858-59 with perfect success. It had been previously used by the same practitioner in the treatment of fever and ague in the negroes. He did not know how much had been used.

Dr. Thornton stated that he had had experience of this mode of administering remedies since 1858-59, and had not met with bad results in a single case. Thought it as safe, if judiciously employed, as by the mouth. In those cases where an abscess has been formed he believed it to be due to the puncture of a tendon, or lymphatic, or vein. It should not be indiscriminately employed; neither should any other method. He had used only anodynes in this way. The fact of its having been used by unprincipled men was no argument against its proper use.

Dr. Muscroft thought that serious results occasionally occurred from want of care in cleaning the syringe, and that for the immediate relief of pain it was the best means, much better than giving large doses of morphine by the mouth. He had known of but few serious results.

Dr. Comegys referred to the fact that homœopathists were now using the syringe. He also called attention to the growth of cryptogamous plants in all organic solutions, and thought that

they might destroy the properties of strychnia, morphia and atropine.

Dr. Thornton was skeptical as to the destructive effects of cryptogams upon the alkaloids mentioned.

Dr. Seely stated that he had used a solution of atropine three years after its preparation with the same effect in curing dilatation of the pupil as if it had been recent.

Epidemic Dysentery.

Dr. Mussey contributed through the secretary a paper by Dr. S. S. Scoville, of Lebanon, Warren county, dated September 16, 1869, detailing the history of dysentery as it prevailed in that village, during the past autumn, with the relative value of regular and irregular practice :

The first cases occurred about the 10th of June, but the disease could not be regarded as really epidemic until a month later, when there were quite a number of persons attacked simultaneously. The cases increased until about the 1st of August when there was a decline, and by the 7th of September the disease had nearly disappeared. However, at this time, there is an occasional case reported.

Lebanon contains a population of about 3,500. The disease was confined almost exclusively to one part of the town, embracing about one-third of the inhabitants. During the period included, between the 10th of June and the 7th of September, there were visited by physicians 127 cases. Quite a number of mild cases were prescribed for at the physician's office, which will not be considered in connection with anything we may have to say. There were during this period 26 deaths, all children but four. Of the whole number attacked 54 were adults.

As to the character or type of the disease there was no peculiarity observed. There was not, however, as large a per cent. of malignant cases as is usually seen in epidemics of dysentery. Malarial influence was noticeable in a few cases as the season advanced. And just here we wish to remark that there is, at this time, quite a number of cases of intermittent fever in the country—a few have been noticed in town. Occasionally other fevers are met with, especially that one of "queer mixture," happily denominated typho-malarial.

The cause, or causes of dysentery in Lebanon, this season, we

think are recognizable. But in the absence of several material facts, which we are looking after, we will not, at this time, say anything in regard to the etiology.

Respecting treatment, which relates so far as we have anything to say, to that of the regular profession, it is perhaps only necessary to remark, that with few exceptions, the usual remedies were relied upon. We, however, mention one item which entered into the treatment of many cases, especially young children, where the hemorrhage alone becomes a matter of great importance. For a child, say three years of age, from v to viij grains tannic acid; is dissolved in ℥ss mucilage of slippery elm; to be used as an enema every 4 to 6 hours. This has, in almost every instance, reduced the amount of blood in the evacuations, and caused them to occur less frequently. But whatever might be said of the treatment, the results, as we hope to show, were highly gratifying.

The discussion of the merits of this or that "system" of medicine before a community uneducated in those foundation laws that govern animal organization in health and disease, and from which there can be deduced but one true remedial system, amounts comparatively to nothing. But when people are made to discern results following the practice of medicine there is something settled. It seldom happens, however, that disease, an epidemic for instance, prevails under circumstances such as exclude all caviling upon the part of the empiric and his blinded adherents. Happily this is not always the case, and we have in the epidemic of Lebanon as favorable circumstances under which to observe practical results in the treatment of disease, especially dysentery, as could be desired. A quiet town, the area embraced by the epidemic small, with scarcely any other disease prevailing. Such were the circumstances under which "regulars" and "irregulars" were called upon to treat disease; and the mind of him who failed to make a discrimination in favor of scientific medicine must be obtuse, indeed. Of the 26 fatal cases but three died in the hands of regular physicians, which is five per cent. of the cases treated. One case died under the care of no physician. Then we have 22 fatal cases which occurred in the hands of irregulars, or about 33 per cent. of their cases. It will be perceived from the data here given that the irregulars treated a small majority of the whole number of cases.

We have also had quite a number of cases of dysentery in the

country near Lebanon, but very much scattered. The number of cases at the present writing approximates 30, a large majority of which have been treated by regular physicians. There have been 8 deaths—1 in the hands of regulars and 7 in the hands of irregulars. Now, taking the town and country together, there have been about 157 cases, 34 of which proved fatal. Of these fatal cases 4 belong to the regular profession and 30 to another medical confraternity; and we are safe in saying that the regular physicians have treated the larger number of cases.

As to the relative success (?) of the different "schools" represented by the irregulars we have but a word or two to say. All parties seem to wear their laurels with becoming gravity. It becomes a difficult question to determine which individual brow is encircled with the brightest wreath. We hear but little rejoicing. None whatever from the representatives of "little pills." With them it seems to be a *grave* question; for their works, though *shrouded* in sepulchral mystery, are not

"Unknelled, uncoffined and unknown."

In conclusion we remark, that should it be claimed that a fair exposition as to results in the treatment of dysentery has not been made, we will appeal to the intelligent and observing citizens of Lebanon, and to facts which were collected and recorded as they transpired, and which can not be disputed.

Case of Recto-cystic Communication.

Dr. Carson reported the following case of communication between the large intestine and the bladder:

The patient, a man 60 years of age, had been troubled for the last ten years with slight irritation of the bladder, otherwise had been quite healthy until about four months ago when chronic cystitis set in. After being treated for this during two or three months a tumor appeared under the right scapula. When first observed it was about the size of a small orange and rounded in shape. It subsequently increased in size and became irregular in form, and at one time a slight sensation of fluctuation was communicated upon palpation, but this latter symptom soon disappeared. About a month after the appearance of the tumor the man became paraplegic, which was not at first complete but soon became so. At the same time the bladder symptoms increased in

severity, the pus in the urine was augmented in quantity, and finally stercoraceous matter also appeared. He died a week after the first occurrence of the paraplegia.

Upon making a *post mortem* examination the bladder and descending colon were found adherent and between them—there was a communication. A portion of the colon was exhibited. It was much smaller than usual. The coats of the bladder were very much thickened and contained pus infiltrated between them.

In the thorax, adherent to the sixth and seventh dorsal vertebræ, was a tumor of very fine consistence and crackling under pressure. It was composed of bone with abundant intermixture of cell growth. Dr. Carson said that he should be inclined to call it a malignant osteoid tumor. It had evidently encroached upon the spinal cord so as to interfere with its functions and the paraplegia was the result. The exacerbation of bladder symptoms shortly before death was probably dependent upon the withdrawal of nervous supply due to pressure upon the cord.

Anencephalous Fetus.

Dr. Tate reported the following case:

The case occurred in the practice of Dr. Buckner, and he was called in consultation. Found, upon examination, the side presenting, the breast being anterior. He succeeded in inserting his finger into the mouth, and by the aid of traction, delivered the monster. The woman was at the full period of utero-gestation.

She stated that when six months pregnant she was frightened by some horses running away and coming toward her. She ran in order to avoid them and was pursued by a large dog, which added to her fright. Nevertheless, she said that the movements of the child were quite distinctly felt until within three weeks of its birth.

The specimen was exhibited. The face, eyes, mouth and nose were well developed, and occupied a position normally belonging to the vertex. The upper and back part of the cranium were absent, as was also the neck; the head (or rather what represented the head) resting directly upon the sternum, and the vertebræ upon a level with the sternum.

Dr. Tate then made some remarks upon the causes usually assigned for this malformation. 1st, That it was the result of arrest of development. 2d, That it was the result of disease, inflamma-

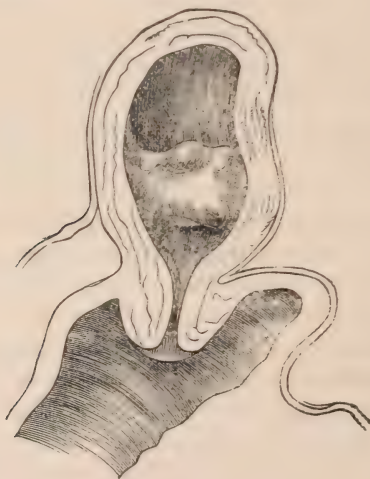
tion of the membranes, causing serious effusion, pressure upon the brain, absorption of its substance and arrest of any further development. Dr. Tate was of opinion that the latter was the more plausible theory.

The specimen was referred to the section on anatomy for examination and report.

Fibroid Uterine Tumor—Removal.

Dr. W. W. Dawson reported the following case of fibrous tumor within the cavity of the uterus:

The patient was 31 years of age, had had seven children; her labors were uncomplicated. Near two months ago she aborted and for six weeks subsequently had occasionally a slight show of bright-colored blood, at the end of this period, while asleep, violent uterine hemorrhage occurred. Dr. D. D. Bramble, the family physician, was called in and found the patient greatly exhausted, and on making an examination discovered the os dilated, and continuing his exploration found a tumor about the size of an English walnut an inch and a half within the cavity, and attached to the anterior wall of the uterus.



The tumor was sessile. Dr. Dawson removed the tumor by the ordinary éraseur, the chain being carried into the cavity of the womb by a pair of long and slender forceps. The womb

was drawn down and held firmly by a pair of double-toothed vulsellum forceps. The posterior lip being seized by the forceps, Dr. Bramble was able at the same time to dilate the vagina by the duck-billed speculum and hold the uterus in position. Dr. Dawson referred to the fact that these sub-mucous fibroids are found generally on the anterior or posterior walls, or attached to the fundus. They seldom spring from the lateral aspects of the cavity. When speaking of the difficulty of engaging these intra-uterine growths he exhibited the *Porte-chain ecraseur* of our distinguished countryman, Marion Sims, and expressed the opinion that it would be regarded as a very great addition to the implements of uterine surgery.

For the first twenty-four hours after the operation there was a slight show of blood, but after this not a trace was to be seen. The anæmic condition was soon followed by robust health.

Biliary Calculus.

Dr. W. H. Mussey exhibited a large biliary calculus, weighing 5i. with the following account of the case from Dr. Mendenhall, of New Castle, Indiana:

Mrs. B., aged 88 years, was taken with great soreness in the right hypochondriac region, which continued, with great pain, to be very troublesome for 6 weeks. The parts began to swell and in about 18 months from the beginning an abscess formed and discharged freely for about 6 months; it then closed. Very soon afterward there appeared pain in the left hypochondriac region, and continued very troublesome for some 6 months. When a point was lanced pus discharged freely for about 3 years, when, on removing the poultice one morning this specimen was found lodged in the wound and was picked out.

Mrs. B. has generally had good health with the exception of an occasional serofulous eruption of the skin appearing for a short time and passing off without much medication.

Correspondence.

BOSTON, Mass., Nov. 10, 1869.

Messrs. Editors:

The "Hub" still rotates on its axis, without any very great commotion in the medical events of the day.

The Harvard Medical School is now in full operation, the introductory lecture to the annual course having been given last Wednesday by R. M. Hodges, M. D., Adjunct Professor of Surgery. The prospects for a full class are quite flattering. The class last year was about three hundred; and will probably be about the same this year. Profs. H. J. Bigelow and E. H. Clark, have just returned from an European tour; which will give a fresh impetus to the teaching of this venerable school. Prof. Shattuck is still abroad.

Although the corps of instructors in this school is numerically large, and comprises men of ability and experience in teaching, all residents of Boston, yet there is a half-suppressed feeling existing in the minds of some, that another medical school will be organized at no distant day in connection with the new city hospital.

Efforts were made two years ago, to obtain a charter for a medical school in connection with Tufts' college; but the opposition of the Harvard faculty was too potent with the assembled wisdom at the state house, and the project failed.

The growth of Boston is rapidly increasing by the annexation of surrounding municipalities, and as there is always a restless ambition among the younger portion of the profession, for distinction and honor in every large city, it seems quite probable that the time is not far in the future, when efforts will be made for the organization of another school. How self-sustaining it would be under the shadow of Harvard and its hallowed associations, is a question of the future.

The legislature of the state passed an act last winter to establish a state board of health. This board is now fully organized, and

is comprised, in part, of physicians. A weekly report is published in the *Boston Morning Journal*, showing the mortality of each week, so that if any epidemic or preventable disease is prevailing in one part of the state it will soon be known in other portions. Below is the report for the week ending October 30, of cities and towns, comprising one-half of the population of the state.

Cities and Towns.	Number of Deaths in each place	PREVALENT DISEASES.		
		Consumption.	Typhoid Fever.	Dysentery and Diarrhea.
Boston.....	96	17	7	5
Charlestown.....	14	3	.....	.....
Worcester.....	13	2	4	1
Lowell.....	10	6	.....	.....
New Bedford.....	9	1	.....	1
Fitchburg.....	9	3	2	.....
Chelsea.....	7	3	1	.....
Salem.....	8	2	.....	.....
Cambridge.....	13	1	.....	.....
Lawrence.....	5	1	1	2
Springfield.....	11	1	4	.....
Pittsfield.....	4	1	.....	1
Newburyport.....	5	.....	.....	.....
Total.....	204	41	19	10

No marked epidemic influence is known to exist in any part of Massachusetts. Two deaths from small pox occurred in Springfield, and two in Boston.

GEORGE DERBY, M. D.,

Secretary State Board of Health.

If the labors of this board are properly directed, and made *beneficial* rather than *ornamental*, the sanitary condition of the commonwealth must be improved.

From the annual report of the Boston Dispensary, for the year ending September 30, 1869, I find that the number of new patients at the central office has been 15,051; of which 10,423 have been medical cases, and 4,628 surgical, classified as follows:

Medical: men, 2,388; women, 4,715; children, 3,320. Surgical: men, 1,541; women, 1,374; children, 1,713.

The numbers of new patients in the districts: men, 1,448; women, 3,141; children, 3,930; total, 8,519; making 25,570 at the central office and districts. 78 were under treatment at the last annual report. In the districts 7,908 were discharged, cured or

relieved; 286 were sent to hospitals or removed from districts; 304 died; 99 were under treatment. Patients, new and old, at central office, medical, 22,994; surgical, 7,249; total, 30,248. Cases of midwifery, 104; number of recipes during the year, 53,411; number since July, 1856, 548,941; number of patients since July, 1856, 257,400. Average daily attendance during the year, 98.

Dr. H. R. Storer reported to the Suffolk Medical Society, at its last meeting, a case of double ovariectomy, successfully treated by the use of two pins—the size of common shawl pins—to secure the pedicles, on the principle of acupressure. The pedicles were secured by the pins upon each side of the abdominal section, before the wound was closed. These were removed on the second day and not a symptom of inflammation followed, the patient recovering without the slightest accident. The mass removed weighed about 70 pounds.

By the charter of the Massachusetts Medical Society graduates of the Harvard and Berkshire medical schools can be admitted to the privileges of the society on presentation of their diplomas to the censors. At the last annual meeting of the society several graduates from other regular schools were rigidly examined, and one of them was rejected, a practitioner of Boston. This whole subject has caused considerable interest in certain quarters, and was brought before the councillors, and is now in the hands of a committee to report at a future meeting. Lively times may be anticipated.

B.

Editor's Table.

ANOTHER YEAR is finished up, so far as editorial work is concerned, and whether for good or bad is beyond recovery and passed into the hands of our readers. We have worked faithfully to make a good journal, and as we can not but trust with a fair measure of success—certainly we may say so, if the cheerful words of our friends and subscribers is to be taken for anything.

And now we buckle up the harness for the labors of another twelve-month. At this late day in our journal history it seems scarcely fitting to make promises of the future. We certainly shall take no step backward, and with the continued help of our friends, all over the country, we will try to afford for 1870 the best *LANCET AND OBSERVER* that has as yet been issued.

It will be observed that in the printing and paper, the general typographical appearance of this journal is near perfect; what is wanting will doubtless be supplied by our most excellent printers, at Robert Clarke & Co.'s. As to the table of contents, it will have been noted, that for a long time it is almost entirely original in its character, therefore peculiarly representative of this great interior valley. Special essays, choice translated matter, Cincinnati hospital clinics, the discussions of the Academy of Medicine and other Medical Societies, together with the medical news and editorial opinions of current events, and new books, make up our matter.

For such a journal we think we may expect, and have a right to expect, a continued and generous support. The *LANCET AND OBSERVER* has, for many years, been upon a firm and satisfactory basis; it now only remains to make its usefulness most complete that its friends everywhere make a thorough rally to place it in a condition of the highest prosperity and financial success.

THE MEDICAL EDUCATION OF WOMEN continues to be one of the vexed questions, and its secular discussion has recently met with a fresh impetus in the alleged rude deportment of male students on the entry of female students to the amphitheater of the old Pennsylvania hospital, at Philadelphia. So far as we can get at the facts, however, there has been "much cry and little wool." The students from the Women's college have so far laid aside those old-fashioned notions of woman's refinement and delicacy that we have been heretofore accustomed to, that they propose to themselves the dissecting knife and the intimate study of those diseases which imply an exposure of the person, male and female. It appears, on this occasion, a male patient was exposed to the gaze of these maidens, and there was a certain amount of excitement and demonstration of sentiment; but still but little different from what takes place in medical colleges and hospitals when no ladies are present. But why object to ladies being present at these expo-

tures! the whole thing resolves itself into the primary question of the propriety of women studying medicine at all. If they *are* to study medicine, let it be correctly, thoroughly, with the most entire and complete facilities, the fullest hospital observations included. If this breaks in upon our old notions of delicate, shrinking, modest woman, so be it; but then we shall all the sooner come to a definite solution of this question in all its proprieties.

Having some bearing upon this question of women doctors we reprint the remarks of Dr. Storer, recently made before the Boston Gynæcological Society:

In the records of the first meeting of the Gynæcological Society of Boston, there stands the following paragraph, embodying one of the chief principles in accordance with which the Society was founded:

"That as in attending upon childbed, all impurity of thought and even the mental appreciations of a difference in sex is lost by the physicians, and an imputation of these would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practice medicine or surgery, in any of their departments, with as much benefit to their patients, or as successfully, as men."

The preceding statement represents what is undoubtedly the belief of those physicians whose duty call them to daily attendance upon sick women, and who are most competent to judge. The Society will compare with it the following allegations made by a lady occupying a prominent position in the community, and looked upon as to a certain extent a leader of public opinion—Mrs. Caroline H. Dall:

Let us look the question in the face for a few moments. The best physicians are the most sympathetic men. In women sympathy is active—we all know what tricks it plays them in hysteria. There are a great number of common diseases which men and women can treat with equal success; but when we come to diseases special to a sex, or unusual in themselves, the case is different.

In the face of death, prejudices disappear, and sex is forgotten; but in the healthy flow of daily life intrusion is readily felt to be impertinent.

My own opinion is, that the annihilation of female diseases can only be brought about by women themselves. After a great deal

of experience. I am convinced that no woman who has led an impure life can be herself, that is, be in a normal condition, in the presence of a man; no matter how sacred his motive in seeking her, she can not be completely undisturbed. Women who are familiar with her usual aspect see the immediate change when he approaches. This remark is not irrelevant. What is true psychologically is also true physically, and for the same reason. Whatever the occult sexual laws may be that determine the matter, it is certain that the diseases popularly known as women's diseases create a morbid activity of the senses in the purest women. This is an openly admitted fact in hysteria, and it is equally true of all uterine diseases. A woman's presence in a sick chamber is the only presence possible without some complication of symptoms, some aggravation of the disorder. This complication and aggravation lie outside the patient's will; they may be an extreme mortification to her, but they will have to be considered nevertheless.

"The first reason, then, for educating women as physicians is the desirableness of offering them relief pure and simple—relief free from unwonted excitement, or perplexing disturbance. Another is to be found in the fact, that a vast amount of female diseases is merely simulated. It is not the less disease because it is neither functional or organic, and it is only the outgrowth of pampered imagination, or false living; but men, themselves a disturbing influence, rarely discover that it is simulated. They pity the patient. They can not tell, as women can, that a mental stimulus, a moral purpose, or a moved nature, will do more than a medicine. But a still stronger reason may be found in the impossibility of any man's penetrating the mysteries of an organism which he does not share. Possessed of an immense plexus of nerves of which he knows nothing, women are sensitive to a thousand pains, and responsive to a thousand remedies of which he can not dream."*

Now, it will be observed that Mrs. Dall distinctly makes these charges:

1. That a physician's presence in the sick-chamber is impossible without creating a morbid activity of the sexual sense, that is to say, an unchaste thought, if not an unchaste longing, even in the purest women.

2. That a vast amount of female disease is merely simulated.

3. That physicians, themselves a disturbing influence, do not recognize this fact, are unable to detect malingering where it really exists, and are so incompetent to practice.

4. As they are, also, for the reason that "it is impossible for any man to penetrate the mysteries of an organism that he does not share."

It is unnecessary to do more than present these statements in all their grossness. We can only believe that their authoress was un-

* *New England Medical Gazette* (Homœopathic), March, 1869, p. 88.

aware what she penned. It would be wicked to believe that she spoke from any personal experience; but there can be no doubt that she has totally misrepresented the general experience of her sex. Physicians, to whom the treatment of the diseases of women would be simply disgusting, were it not for the belief that women really suffer physically far more in proportion to men than is generally supposed, can well afford to pass over this criticism upon themselves, however unintended it may have been, in silence; but an imputation upon the character of their patients has been made, which, unless challenged, would tend to prevent the disclosure of much real suffering, and bestowal of much real aid, and besides to lower the moral standard of professional and social intercourse with women.

If Mrs. Dall has not committed a fearful error of judgment, not only are physicians universally a curse to the community, but the daily meeting of clergyman with parishioner, of teacher with scholar, of friend with friend, unattended as these are by the disgust which is so constantly present in the case of the medical attendant, are productive of so direct and intense a degree of sexual excitement, "even in the purest women," that the very name of continence is a delusion, and of chastity a lie.

Were her statements true, no honorable man could longer continue to practice his profession. If they are true, the sooner every one, both men and women, is made to confess the fact, the better for us all: and if female physicians base their claims to recognition and support on such vile slanders as these, never before in this community so distinctly stated, the sooner the better this also.

"Possessed, however, of an immense plexus of nerves of which man knows nothing, and sensitive to a thousand pains of which he can not dream," the discovery referred to will probably remain in their own possession, and that of their over-enthusiastic advocates.—*Gynæcological Journal*.

A NEW MEDICAL COLLEGE.—We have received a circular from Kansas City, Mo., announcing that Drs. S. S. Todd, *Obstetrics*; J. Chew, *Theory and Practice*; F. Cooley, *Surgery*; A. B. Taylor, *Anatomy*; E. W. Schauffler, *Physiology*; W. C. Evans, *Materia Medica*; C. Hixson, *Ophthalmology*, are organized into a faculty, and will give a preliminary course of medical instruction commencing the first Monday in December instant, with the purpose of a full, complete course during the winter of 1870-1.

We are acquainted with several of these gentlemen and know them to be correct and energetic. What clinical facilities Kansas City can afford we are not advised; we certainly doubt the propriety of multiplying schools, except where the indication is

clear. We need rather a new character in our schools—more complete plans of study, illustration, and requirement, which we will not have in America so long as we fritter away our strength in attempts to sustain a large number of second-rate institutions with inadequate classes and pecuniary resources. All this, however, we say on general principles, and with naught but the kindest hopes for the success of the Kansas City enterprise.

HENRY PROBASCO, Esq., is well known to men, women, and children of Cincinnati; indeed, his name is a household word. By foresight, energy, and tact, he has accumulated a princely fortune, and here at home it is a matter of supererogation to dwell upon such matters. But a little semi-professional matter has just occurred that makes it proper to drag his name into the paragraphs of a medical journal, showing in *basso relievo* that which every body here knows very well, that Mr. Probasco, having accumulated a handsome fortune, has the heart and taste and correct judgment to make his abundant means contribute not only to the æsthetic character of his home and his queen city, but to the culture and happiness of all his neighbors and townsmen at large.

Recently some thirty or forty well-known physicians of Cincinnati, by invitation, assembled in the palatial home of our townsman to enjoy a study of his works of art, which are well known to vie with any like private collections anywhere in this country or Europe. After an afternoon's pleasant company with statues and pictures and rare works of art—an hour in his magnificent library, and several hours in delightful intercourse with the host—the company was invited into the handsome dining room, and did ample justice to an elegant and *recherche* collation. Sentiments and impromptu speeches were made by Profs. Wright, Blackman, Mussey, Norton, Buckner, Drs. James, W. B. Davis, Dawson, etc., after which the host made the pleasant, hearty talk of the occasion, in which he assured his happy guests that he had no motive whatever except a pleasant manifestation of his good will to the medical profession, and indirectly an assurance of his abundant sympathy with all his friends and fellow-townsmen in whatever pertains to good will, general culture, and progress. The doctors will long remember their pleasant afternoon with Henry Probasco, of Clifton.

"MONSTROUS" LITERATURE.—We have on hand about enough original contributions on the subject of "monsters" to fill the pages of two issues of the *Lancet and Observer*. We select for insertion two papers on this subject, on the two sides, in this number, and we must ask to be excused from publishing any more at present. The question has been discussed in all its bearings from time immemorial, and we suppose the opinions will continue to be about as diverse in the future as the past. Some of our correspondents have desired to indulge in personal polemics in the consideration of this question. To one and all, we say we have no room for such papers; we occasionally allow a little latitude, but only in the exceptional way.

THE OREGON MEDICAL AND SURGICAL REPORTER is the title of a new journal from the Pacific slope. Number one is before us, and is well inaugurated in matter and style. Prof. E. R. Fiske, of the Willamette University, is the editor. Address, Salem, Oregon. Price, \$4 a year.

THE PHYSICIAN AND PHARMACIST appears for November freighted with good things. Not only "pharmaceutical," Bro. Sell. but physic-al. Success to you, and may your 10,000 grow to double that stature.

THE INDIANA MEDICAL COLLEGE opened with an introductory by Prof. Bobbs, and, as we hear, with a good class.

Married.

BARNES--BENTZ—On October 14, 1869, A. B. Barnes, M. D., of Jamesport, Mo., to Miss Hattie Bentz, of Barnesville, Belmont county, Ohio.

GRAFF—RICHARDS—In New York city, at the residence of Wm. P. Kittredge, Esq., Wednesday evening, October 13, by the Rev. George Richards, Dr. M. B. Graff, of Cincinnati, O., to Miss Mary D., daughter of the late Channing Richards, of Washington, D. C.

Notices and Acknowledgments.

NEW BOOKS.—Transactions of the American Medical Association, 1869.

Riley: Therapeutics, etc. J. B. Lippincott & Co.

Lawson: Diseases and Injuries of the Eye. Lindsay & Blakiston.

Hoppe—Lane: Percussion and Auscultation. J. B. Lippincott & Co.

LITERARY EXCHANGES.—*Harper's Magazine* enters on a new year with the December issue. The style—illustrations, and editor's table and drawer—fully sustain the character of the Harpers. Price, \$4; or \$6.50 for *Lancet and Observer* and *Harper*.

Godey is superb for all ladies' notions. Price, \$3.

The Ladies' Repository is the best, by all odds, of American ladies' monthly magazines. A new year begins with the January issue.

The Golden Hours is a new experiment, but a successful one. As a superb magazine for boys and girls, there is nothing as yet published so perfectly satisfactory and free from objection. The first year is just complete. Price, \$2 a year.

Hitchcock's New Monthly Magazine is a beautiful collection of musical, art, and literary matters. It has large, handsome pages, and the November number contains eight pages of sheet music. Address 24 Beekman street, New York. Price, \$3 a year.

GEORGE E. STEVENS & Co.—Our friends interested in the purchase of medical books will find the firm of G. E. Stevens & Co. reliable and favorable as to terms. A change has been made in this firm, and instead of Blanchard & Co., we have the name heading this paragraph. See card.

TO DELINQUENTS.—We shall inexorably drop from our list a large number of names in arrears. We shall do so with regret, but we can not afford the gratuitous circulation of medical literature, however pleasant and praiseworthy. *We must, therefore, expect and insist upon prompt payment of dues.*

Selected.

HYPODERMIC TREATMENT OF SYPHILIS WITH MERCURY.—Much attention having been given lately in Europe to experiments illustrating the treatment of syphilitic disorders by the injection of mercurial preparations beneath the skin, we believe that our readers will be gratified by an exposition of the present phase of this novel method. Our purpose will be accomplished by presenting the substance of a paper contained in a late number of the *Gazette Hebdomadaire*. It will be observed that we use the French system of weights as in the original. Those who need the information will bear in mind that a gramme is equal to about 15 grains, and that a centigramme is the hundredth part of the gramme and a milligramme the thousandth part.

The first serious attempts to cure constitutional syphilis by sub-cutaneous injections were made in Italy, by Scarenzio, who employed 20 to 30 centigrammes of calomel suspended in one gramme or more of glycerine or mucilage. Of 8 patients, 7 were cured, though abscesses were formed at the point of insertion. It is but just to state that Drs. Charles Hunter, Hebra, and others, had already made some experiments with this method by using corrosive sublimate.

In Germany, however, the plan was first tried on an extensive scale by George Lewyn, of Berlin, who published a work founded on 700 cases thus treated. The solution adopted by him was composed of corrosive sublimate 20 centigrammes, distilled water 30 grammes. Each injection of 75 centigrammes contained about 5 milligrammes of sublimate, the minimum dose; the maximum being 10 milligrammes. The places selected were the chest, the dorsal surface of the arm, and the back; to avoid abscesses the places were changed frequently. The proportion of abscesses was 2 or 3 in 100 cases. The number of injections averaged 16, and one daily to each patient. The mean quantity required to effect a cure was three grains.

This treatment was pursued in 710 cases, of which 144 were males and 556 females. In 195 of the cases, mercurial stomatitis

resulted, viz: in 51 per cent. of males and 40 per cent. of females, from which it would appear that men were more susceptible than women to the constitutional action of mercury used in this manner. Iodide of potassium, sarsaparilla, and other adjuncts, were employed at the same time. The proportion of relapses after this treatment was 23 per cent., while the proportion of relapses after the ordinary treatment without the injections was 81 per cent.

The advantages of this method are thus set forth: The syphilitic symptoms disappear rapidly, and the rapidity is in proportion to the quantity of sublimate daily injected. In cases of iritis, cured in from five to seven days, the quantity reached one-half, and even three-fourths of a grain per day, at two injections. Obstinate cases and affections of the throat submitted in like manner. The method is sure and precise, as is proved by the study of 900 cases in two years and a half. It is efficacious in two forms of obstinate syphilis, exostosis and the cerebral form. It diminishes the number of relapses or renders them lighter. In fine, it is more easily applied.

Eight cases are reported by Boese, with the following results: In 8 days, with 18 centigrammes of the medicine, the eruptions vanished; the ulcerations of the pharynx, mouth, and genital organs, in 20 days, with 46 centigrammes; condylomata in 30 days, with 60 centigrammes. Abscess in one case and salivation in two. The doses here were much larger than those of Lewyn.

Five cases are reported by Klemm, in which one injection of 5 to $7\frac{1}{2}$ milligrammes was used daily. The eruptions disappeared after 7 injections in one case, and 8 in another; ulcerations in 18 to 20 days. There were no abscesses.

The experience of Merscheim was different in some respects. In 18 cases with two injections daily, the mean duration of the treatment was 30 days. One cause which prolonged the time, was the interruption of the treatment when constitutional symptoms appeared. But those symptoms were not more frequent than under other treatment. Abscesses occurred several times, and so much pain as to require the patient to take his bed. Though the success and precision of the method were confirmed by Merscheim, yet he did not find the same harmlessness as the former observers. Troubles of digestion occurred, and more than one patient preferred the ordinary treatment to the painful accidents which followed the injections.

More important are the observations of Grünfeld, of Vienna, based on 50 cases, with $7\frac{1}{2}$ milligrammes as the ordinary dose, once a day. The entire quantity had a mean for each patient of 19 centigrammes, the minimum being 10.5 and the maximum 39. This was rather more than the doses of Lewyn. The injections were always accompanied with a sense of burning more or less acute, the intensity varying with the sensibility of the patient, the quantity and concentration of the liquid, the size of the canula, and the dexterity of the operator. The local symptoms were very variable. When the injection was not inserted deeply, a number of vesicles were formed under the epidermis in from five to ten minutes. These might become a starting point of dermatitis or of abscess; though in 1.105 injections, Grünfeld observed only two abscesses. It is better to avoid parts where lymphatics abound, and to choose the chest, the hypochondres, and the lateral portions of the back.

The effects on the organism are mercurial stomatitis, the presence of mercury in the products of excretion and secretion, particularly in the urine, and the disappearance of syphilitic symptoms. Stomatitis was less frequent than in Lewyn's cases, and became ulcerous but in one instance. Nevertheless this complication was more frequent than in the ordinary treatment by frictions, and was less amenable to prophylactic agents.

The injection passed rapidly into the economy, as analysis of the urine demonstrated. The smallest quantity from which this result followed was 12 milligrammes.

Under the influence of the treatment, the syphilitic symptoms were observed to disappear one by one. In a few days an amelioration was marked. Maculæ vanished in eight days, papular eruptions in three weeks, psoriasis in four, and pustular syphilides in five or six weeks. Ulcerations of the pharynx and larynx were very rapidly improved. Tropical treatment, as in other methods, was found most efficacious in local lesions of the genital organs. Induration and infiltration of the lips existed the longest.

Grünfeld comes to the conclusion, that although the treatment by injection of corrosive sublimate is more rapid and certain, and more secure against relapse, yet the pain which it may produce and the possibility of abscess counterbalance the advantages over other methods. It can not replace the treatment by frictions, unless in cases which forbid frictions and internal treatment.

Stöhr, at Wurzburg, who reports 90 cases, is still less enthusiastic in favor of the new treatment. He advises great care in using the injection, so as to penetrate to the cellular tissue. Absorption is more rapid when the liquid is warm. The point of insertion is at once elevated like a papule of urticaria. In two minutes comes a sensation of pain, due to the chemical action of the sublimate on the nerves. It is sometimes so severe as to make the patient roll in his bed. Phenomena of disturbed innervation are produced, such as rigors, muscular twitching, dyspnea, etc. Two cases of syncope occurred in hysterical women. This pain has a mean duration of from three to four hours.

The general symptoms of the absorption of the mercury are in common well pronounced. Thus, with a dose of one-fourth grain of sublimate, the patient perceives a metallic taste in half an hour. Smaller doses present the same effect in some individuals. When one-fourth of a grain is continued every day, mercurial stomatitis appears in a very decided form, commencing slightly on the third or fourth day, and becoming severe about the eighth or ninth. To sum up, after the administration of 2 or $2\frac{1}{2}$ grains, the stomatitis is so severe as to demand the suspension of the medicine. With the ordinary dose of one-eighth of a grain, salivation comes on more tardily.

With a half-grain of sublimate, gastric troubles, in the form of vomiting and precordial pain, are rapidly developed. Bloody diarrhea very often results from the injection of one-eighth grain, repeated until $2\frac{1}{2}$ grains have been inserted. The general effect is well marked, the patients growing feeble and resembling, after this treatment, persons convalescing from grave disorders. The injections produce frequency of pulse and fever, the temperature reaching as high as 104° .

The testimony of Stöhr is not favorable to the treatment in mild cases. The mean duration of 27 cases so treated was 23 days, against 25 days as the mean in 27 cases by inunction. The mean total dose was the same as Lewyn's, 3 grains. Nevertheless, the injections acted promptly in squamous ulceration and postular affections. He concludes in these words: "The employment of sub-cutaneous injections of corrosive sublimate for the cure of syphilitic affections is the most superficial and the least practicable mercurial treatment yet proposed."

But though not suited to the lighter forms of disease, the hypo-

dermic method is adapted to old and obstinate cases which have resisted other agents. It is also applicable in iritis and severe ulcerative affections of the larynx when prompt action is necessary, and in serious and extensive cutaneous disease, which does not admit of inunctions. It is not appropriate for feeble, cachectic individuals, nor for patients who can not remain at rest.

To relieve the pain incident to the operation, Lewyn has resorted to morphia, injected with the sublimate. It is singular that this was not sooner thought of, especially as the cure of many cases of the disease is facilitated by the preparations of opium.

The foregoing statements refer only to corrosive sublimate. Aimé Martin reports two cases of obstinate tertiary syphilis treated by injecting the red iodide of mercury with iodide of potassium. The rapidity of action in these cases was surprising. In the first, two injections, eight days apart, removed alopecia, papules on the hands and feet, deep ulcerations of the mouth, and mucous plaques of the anus. In the second, symptoms of equal magnitude, which had resisted mercurial frictions, disappeared in a few days. If these results be sustained by further experience, their value will be incalculable. The quantity of the bin-iodide of mercury used at each injection was about the third of a grain. The quantity of the iodide of potassium is not stated; but as the volume of the solution injected was but half a gramme, it is probable that the main purpose of the potassium salt was to dissolve the mercurial iodide.

In the mean time endeavors are made to find a mercurial solution for injection which will not give rise to so much local irritation. Perhaps that employed by Aimé Martin will answer. Bicheteau proposes a solution of a double iodide of mercury and sodium. It will not be a long time before the choice of means will be determined, and the value of the hypodermic treatment of syphilis ascertained. The result will be looked for with much interest by the profession everywhere. We trust the method will not share the fate of nine-tenths of the new remedies and new plans which blaze up with dazzling brightness and then vanish.





